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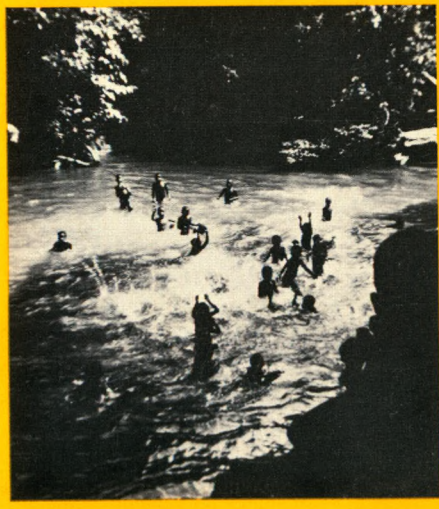
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CHIRONIAN

The Alumni Association, New York Medical College

Summer/Fall 1970



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CHIRONIAN

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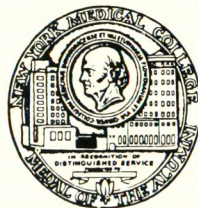
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New York Medical College Volume 86 Number Two



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Higher Education and the Nation's Health:

*Highlights of the
Carnegie Commission's Report*

"Americans deserve and can afford better health care." With these words, the Carnegie Commission on Higher Education has introduced its latest report, Higher Education and the Nation's Health: Policies for Medical and Dental Education. Sixty years ago, the publication of the Flexner report, also sponsored by the Carnegie Foundation, radically altered the course of medical education. The new report, released in October at the annual meeting of the Association of American Medical Colleges, is expected to have as great an impact on the delivery of health services as the Flexner report had on medical education. The report gives the strongest possible support to many of the directions that New York Medical College is following (some of which are outlined in President Stone's commencement address on page 4) and reinforces the belief that the development of an educational medical center in Westchester is highly appropriate and well-timed.*

Both the content of medical education and the delivery of health care in this country are accelerating. Ambitious goals have been set. It now remains for us to devise the means to accomplish them.

For those alumni who as yet may not have had an opportunity to read the Carnegie Commission's report, which is part of a study of all higher education that the commission is preparing to issue in 1972, Chironian presents the following excerpts:

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We have the highest standard of living, but not the highest standard of life—as measured by infant mortality and average life expectancy. A number of countries surpass us. In fact, in comparison with other nations, we are losing.

To improve health care requires:

- More and better health manpower.
- More and better health care facilities.
- Better financing arrangements for the health care of the population.
- Better planning for health manpower and health care delivery.

The United States today faces only one serious manpower shortage, and that is in health care personnel. This shortage can become even more acute as health insurance expands, leading to even more unmet needs and greater cost inflation, unless corrective action is taken now. It takes a long lead time to get more doctors and dentists.

This is a most favorable period for new and improved endeavors:

- The public has a great concern for health care.
- Existing medical and dental schools are expanding, and new ones are being built; and a period of growth can also be a period of change and improvement.
- The students of today are highly motivated to encourage and support constructive change.
- The medical and dental schools have a number of remarkably able leaders.
- The professional associations are open to new ideas and are anxious to find better ways to provide better health care—to their great credit and to the nation's great advantage.

As a consequence, medical and dental education are undergoing more constructive self-examination than they have since the Flexner report of 1910—and more self-examination is going on than in any other field of higher education. The second great transformation of medical education and research is now under way, and the United States, once again, will greatly benefit.

Pacesetter schools . . . are moving toward health care delivery, or the integration of science, or both. We support these directions of movement. The nation has a sufficiency of the pure research model type of school. New developments should be toward greater integration with social needs, or toward greater integration with the general campus, or both.

The geographic distribution of health manpower is highly uneven, and although there is no clear agreement on what ratio of, say, physicians to population is adequate, there is little question that the supply of health manpower is gravely deficient in some parts of the nation.

The commission believes that vigorous efforts should be made in the 1970's to induce expansion of student places for M.D. and D.D.S. candidates in university health science centers and that these centers should also develop and expand pro-

grams for the training of physician's and dentist's associates and assistants.

The commission recommends, also, that in developing their plans for expansion, university health science centers should adopt programs designed to recruit more women and members of minority groups as medical and dental students.

We favor shortening the time it takes to become a practicing medical doctor from eight years after the B.A. to six years.

The commission believes that the number of medical school entrants or their equivalent should be increased from the 10,800 estimated for 1970-71 to about 15,300 by 1976 and to about 16,400 by 1978. Toward the end of the 1970's, the question of whether the number of entrant places should continue to be increased will need to be reappraised. The expansion in the number of medical school entrants should be accomplished through an average expansion of about 39 to 44 percent in existing and developing schools by 1978, with nine new schools accounting for about 900 to 1,350 entrant places, adding another 8 to 13 percent. The number of dental school entrants should be increased at least to 5,000 by 1976 and to 5,400 by 1980.

Some experts argue that expansion should be confined to existing medical schools—on the ground that expanding existing institutions is less costly than building new ones. However, the statistical evidence does not altogether support this view, since expansion of existing schools has frequently required the replacement of old, outmoded buildings at high cost. Moreover, the commission believes that new university health science centers are needed to achieve adequate geographic distribution of such facilities.

All university health science centers need not conform to a single model. Some will continue to be leading centers for biomedical research, but even though every center needs a research program to fulfill its educational function, not all of them should seek to develop extensive research programs. But all will need to broaden their faculties to include social scientists who have the training to analyze the social and economic aspects of medical and dental care.

Both the education and research programs of medical and dental schools need to be broadened to include concern with needed improvements in health care delivery and with changes occurring in patterns of health care—such as group practice and prepaid health plans. This will require closer relationships between the health science centers and social science departments on main university campuses as well as with organizations and individuals in local communities.

It is highly important that a genuine two-way relationship develop between university science centers and the communities adjacent to them. The health science centers can be a significant influence for improving the quality of health care and health manpower education in an area but should also be responsive to ideas and suggestions developed by community groups.

In the past, university health science centers and their parent universities have not considered improvement of the quality of health care in their areas as *primary goals*. We are pleased to note that several medical schools have recently taken important steps in this direction. America's land-grant institutions have been responsible for remarkable advances in agriculture and the quality of rural life. Although they now tend to be philosophically remote from such a concept, university health science centers could well play a similar role in urban life. Social concern, especially among students, favors this attitude, so the time may be right for university health science centers to meet the challenge of helping communities develop model health care systems throughout the nation.

Every health science center should encompass university activities related to the education of physicians, dentists, and other health professions. It should be capable of handling the most complex and sophisticated medical problems. It should serve as the coordinating hub and reservoir of expertise for a system of institutions that may include area health centers, neighborhood health centers, rural clinics, hospitals, group practice organizations, and medical societies.

There should be a university health science center in every metropolitan area with a population of 350,000 or more, except for those areas which can benefit from the impact of centers that already exist in other geographically convenient communities.

The commission recommends the development of 126 new area health education centers, to be located on the basis of careful regional planning.

The Carnegie Commission believes that medical and dental education are critically underfunded and that greatly increased financial support is required to bring about (1) the development of a sufficient and effective supply of physicians and dentists and their associates and assistants, (2) equality of opportunity to enter these health professions, (3) effective use of educational resources, (4) regional dispersion of health manpower educational institutions, (5) equitable distribution of the cost burden, and (6) adaptation of health manpower education to changing patterns of health care delivery.

To achieve these objectives will require that the Federal government play a major role in the financing of health manpower education.

The commission recommends that private foundations that have traditionally provided support for health manpower education and research should continue to do so and that foundations that have not provided such support in the past should consider expanding their programs to include it. The commission also recommends that foundations expand their support for research on the delivery of health care.

The commission recommends that states should continue to provide substantial financial support for medical and dental education and that states that have lagged in the past should plan for significant increases in expenditures for this purpose.

Directions and Redirections for Medicine in the 70's

*Address by Dr. Frederick L. Stone,
president of NYMC, at the college's 111th
Commencement Exercises.*

During the years that I was Director of the National Institute of General Medical Sciences at NIH, I did a fair amount of traveling, mostly by air. On one flight, when all seemed to be going smoothly, the captain's voice suddenly came over the loudspeaker. "Ladies and gentlemen," he said "I have some good news, and some bad news. The good news is that our ground speed is 550 knots, altitude 39,000 feet—and we're ahead of our schedule. The bad news is that we are in a holding pattern with orders to land at an alternate airport, but we don't know which one."

Today science and technology are moving along at such a fast clip that, in some respects, they are ahead of schedule. But where are we, and where are we going? I'd like to take just a few moments of your commencement day to look at the open territory ahead, and see if we can chart some directions for the 70's.

Let's start with some inescapable facts. During your first year at medical school the 200 millionth American was born. Since then, five million more have joined the population of the United States. And by the time you return to New York Medical College for your tenth alumni reunion the census will show an additional 23 million. All will be growing up in an environment of rising expectations—expectations relating to medical care, education, housing, and a host of services that are both needed and warranted, but that we are not yet able to provide in adequate measure.

A key change among the many that have occurred in the past four years is the change in our national attitude about health. Instead of viewing medical care as a privilege to be enjoyed only by the fortunate, we as a people now regard quality medical care as the right of every individual. There is a rising call for better quality health care and for broader coverage of more people under health care programs. Our goal, in short, is now one of optimum health for all the people of our land—and this means far more than simply freedom from disease!

Such a goal requires a plan of health care delivery very different from the one we have known. Under our present system if a patient has access to a good private physician or lives near a well-run clinic, he is fortunate. But even if his immediate medical problem receives skilled attention, other associated problems may not. This fragmented approach to health care is on the way out. It must be replaced by a concept of total medical care, in which every patient and every family can have access to a comprehensive system of prevention, treatment, and follow-up.

The major reformation under way in the nation's medical schools and medical centers will be far reaching, and will have a profound effect upon the type of medicine that will be practiced. Faculties, administrators, and medical students all have taken a larger view of the role and responsibility of the doctor, and have demanded training appropriate to these new roles. Curricula and teaching methods are being reeval-

"For life to be dynamic—to have deep meaning as well as continuity—creative innovation is essential."

uated and improved. Such reforms are critically necessary if we are to meet the projected demands for health services.

The factors that have dramatically increased the demand for health services are affluence, private insurance plans, Medicare and Medicaid, better education and more public awareness of good health, accelerated research with associated new technology, and continued urbanization, along with the rapid rise in numbers of the youngest and oldest members of the population. All these will continue to have their effect throughout the near and far future, as best we can gauge them.

Today, we are short 200,000 health workers in the United States, and although we expect to have 900,000 health professionals of all types by 1975, the deficit then will be even greater than it is now. What can we do about it?

First, if we are to reconcile the shortage of physicians with the increasing demand for their services, we and others in some way have to break the bottleneck of medical manpower. We need medical technicians and doctor's assistants—those most unusual men and women who are difficult to find and difficult to train, but who can do much to alleviate the manpower shortage. Many promising experiments have been launched to train "physician's assistants," who will perform an array of routine chores that now consume much of the doctor's time and energy. To help provide these allied health personnel, well trained and in sufficient numbers, is one of the most exciting and demanding challenges ahead of us.

However, according to the Health Manpower Commission, "if additional personnel are employed in the present manner and within the present patterns and 'systems' of medical care, they will not avert, or perhaps even alleviate, the crisis. Unless we improve the system," the Commission points out, "care will continue to become less satisfactory." It is evident that a new kind of medicine and new kind of health care delivery are called for to meet the needs of the time.

We are finally recognizing, for example, that it is the responsibility of the health care system not only to treat a sick person, but to prevent him from getting sick in the first place. It has been pointed out that as medical care became more complex and more effective, more "early-sick" people sought medical care. Today, fifteen years after the introduction of health insurance, the health care delivery system is being flooded by the entry of well people. This requires the development of an effective system of preventive maintenance.

Needed: The Educational Medical Center

The educational medical center, imaginatively designed, offers one cogent solution. Such a center, wherever located, must be an integral part of the community. Valid criticism should be welcomed, and there must be constant interchange and dialogue with the members of the community, as opposed to the lofty isolation in which health care institutions have traditionally existed. Through such interaction we who are responsible for the delivery of care can relate to the people we serve, redefine our purposes, change programs, design new ones, and improve the quality of medicine in the process.

New York Medical College—a medical center in transition—brings to this new era the benefit of more than a century of wisdom and experience. In New York City, where we have been associated with Metropolitan Hospital for 75 years, and with Bird S. Coler Hospital since its founding nearly 20 years ago, we will continue to design and deliver pioneering programs tailored to the communities and hospitals we serve. In Westchester, we will build a new educational medical center in partnership with the government, and with the people of the County and the surrounding region. Our combined facilities in the city and in Westchester will give us unequalled opportunities for extended ventures into total, comprehensive medicine and for major contributions to the training of all types of health professionals.

A poet once wrote: "Every change rings the death knell of something old and familiar."

A humanist has said: "A system that isn't innovating is a system that is dying. In the long run, the innovators are the ones who rescue all human ventures from death by decay. So value them. You don't have to be one yourself, but you should be a friend of the innovators around you. And if you don't have any around you, you had better import some."

Poet Robert Browning and humanist John Gardner are both correct. Change often means the phasing out of an old and cherished style of life. But for life to be dynamic—to have deep meaning as well as continuity—creative innovation is essential.

The men and women involved in planning the Medical Center in Westchester—and they include our faculty and students, administration and trustees, private citizens, government representatives, Westchester physicians and staff members of the hospitals—all agree that the Medical Center, if thoughtfully

"The Medical Center, if thoughtfully designed and imaginatively executed, should be able to venture, pioneer, create, and deliver."

designed and imaginatively executed, should be able to venture, pioneer, create, and deliver.

Our objective is to produce the largest possible number of highly qualified professionals in the health field—through a Medical School with a substantially increased enrollment, a Dental School, a Graduate School of the Health Sciences, a School of Public Health and Community Medicine, a Nursing Center, and a School of Allied Health Professionals. We will work in conjunction with excellent teaching hospitals, including the restructured Grasslands in Valhalla and the outstanding hospitals in the community. At the appropriate time we will undertake affiliations with a university and with a community college, for separate but interrelated purposes.

Needed: Vital Research Programs

Easing the burden of disease on any long-term basis can be accomplished only through research—active, fully funded programs conducted by individuals, teams, and cooperating groups. Without active research programs in basic and applied areas, we will be unable to solve those health problems that are the major causes of sickness and disability. The deceleration at all government levels in appropriations for support of research, training, and necessary plant construction is an appallingly shortsighted and misguided type of so-called "economy." At a time when we are spending 77 million dollars daily in Vietnam and 11 million dollars daily in the space program we need to ask ourselves if these are the kinds of priorities we should have—at the expense of a confrontation with disease and the devastating results of disease.

Today's national budgeteers, unfortunately, seem little concerned with the unalterable fact that it is knowledge and its application that will heal people quickly, keep them well, and ultimately cut the costs of health care to society. But even on strictly economic grounds there are many examples that prove the shortsightedness of cutting down opportunities for health research.

Fifteen years ago, the condition that occurred in infants called retrolental fibroplasia took a financial toll from society of \$100 million a year—to say nothing of the toll in distress and anguish that it extracted from families of the stricken babies. Then, during an 18-month period, clinical research all but wiped out the disease and made possible a saving of \$95 million annually—and much heartache.

Would we have the Salk and Sabin vaccines today if, in the late 1940's, a decision had been made to cut back on basic research?

When would the rubella virus have been isolated and the vaccine developed if, in the name of economy, funds for applied research had been eliminated?

And how about the tranquilizing agents that are so effective in the treatment of hundreds of thousands of mentally ill and emotionally disturbed patients? What dollar value is to be put on the restoration to productivity of the people who would be in hospitals today were it not for the psychiatric applications of discoveries made in psychopharmacology?

As Alfred North Whitehead said: "In the conditions of modern life, the rule is absolute. The race which does not value intelligence is doomed . . . Today we maintain ourselves. Tomorrow science will have moved forward one more step, and there will be no appeal from the judgment which will then be pronounced on the uneducated."

Research is education, and of the highest order! It is also the keystone of our nation's health, and it is in the academic institutions that the main body of work is being conducted. Consider just a few of the research programs being carried out in this college alone:

- The structure, function, and regulation of the body's smallest blood vessels.
- Development of an artificial larynx which restores speech to a patient whose larynx has been removed.
- Research on problems of fertility and sterility.
- Detection of conditions affecting fetal growth and health.
- New methods for blocking the effects of narcotics and alcohol.
- New approaches to the understanding of hypertension, which is present in not less than 17 million adults, and is one of the leading causes of death in the United States.

In order to ensure the continuity and expansion of these studies, and scores like them, we are shaping our new facilities to provide the most compatible setting in which scientific innovation can occur. A series of interrelated institutes is being planned and developed which will make it possible for scientists to exchange ideas readily and, working as a community of scholars, probe some of the large scale problems related to human needs. These institutes will be centers of excellence for advanced education and research in Pharmacology and Toxicology; Reproductive Biology and Human Development;

"It is far more economical for society to help pay the costs of keeping people well than to have to maintain them during sickness."

Maternal and Child Health; Mental Retardation; Human Ecology; and Community Medicine and the Delivery of Health Care.

In our urban environment we are negotiating the renewal of affiliation contracts with the City of New York for Metropolitan Hospital Center, the Center for Chronic Disease at Bird S. Coler Hospital, and the Community Mental Health Center.

This center, which is being developed by our Department of Psychiatry, will soon be housed in a pavilion now being completed on the grounds of Metropolitan Hospital. The physical plant will be unique in this country and probably in the world, and the intellectual programs are fascinating beyond measure. The center will include facilities to expand the current programs for the treatment of alcoholism and narcotics addiction, child, adolescent and family therapy, and the many other important programs now being conducted by the department's staff. Three floors of the new building—approximately 25,000 square feet—will house the laboratories of a new research institute, the Institute for the Study of Cognition. That space will include extensive laboratories for work in neuroanatomy, neurochemistry, neurology, neuropharmacology, neurophysiology, neuropsychology, psychophysiology, and tissue culture. A computer installation will provide the capability of on-line experimental control for the laboratories, as well as providing extensive data processing facilities.

In this developing institute a community of distinguished scientists are addressing themselves to the problem of how the mind arises from the brain. What can be more profound for man than to understand how our human experience arises from the matter of which we are made? Along with the intellectual satisfaction of gaining that basic understanding, there is an enormous potential for practical applications of knowledge in this field which could alleviate human suffering and enrich human life.

The Outlook for the College

These are some of the directions that medical education, health care delivery, and research will be taking in the 70's—in the college and in the community. My view of the course ahead for our college is optimistic. Let me sum up my reasons.

We have an excellent faculty, a fine student body, dedicated trustees, and a strong and active alumni association—which is about to be further strengthened with the infusion of our new degree candidates. Our academic standing is high, and we are steadily gaining scholastic recognition. We are making plans for sensible solutions to some of society's most complex challenges and we will implement these plans as rapidly as we are able. However, it is production that counts, not oratory. We have financial problems, as do other medical colleges—and these problems must be confronted and solved. But it should not require a computer printout to show that it is far more economical for society to help pay the costs of keeping people well than to have to maintain them during sickness. And we are in the profession of helping to keep people well. Support of our activities is a sound social investment.

The Challenge to the Graduates

And now I would like to direct a few special words to those of you who will be receiving your degrees in a few moments. You and your undergraduate colleagues have shown unprecedented concern about the need to restyle the life of our society. You are asking for improvement in the quality of human life. Happily, the profession you have chosen gives you the background, knowledge, and orientation to help effect these changes. As Sir William Osler said, "The ultimate goal of medical education is not technical competence but wisdom," and wisdom includes understanding and insight into the human condition.

You have had a quality medical education, and now have much to contribute to society. The alternatives open to you are many. You have a wide choice as to your life style and the mode of service you will pursue: clinical practice—alone or in a team effort; research; teaching; or administration. You can work at home in an urban setting or a sparsely populated area, or abroad in an underdeveloped region of the world, aware that whatever choice you make, medicine offers an extraordinary opportunity to be creatively involved in critical issues and above all to help your fellow men.

Your efforts, interests, and enthusiasms can play a vital part in the total wellbeing of our nation and its people. The challenge that awaits you, if met, will tax you in a way that can only be described as total. But you will be armed with knowledge, and, we hope, an internal sense of direction that calls out, "Lead, improve, care, give of yourself." It is your choice—your drive and your concern—that will chart your individual course. I wish you success.

Two NYMC Graduates Describe Overseas Studies



Young villager daubed with white clay has just returned from several months in bush school.



Dr. Adams in office with patient. Interpreters stand behind him.

Two students of the class of 1970 spent their fourth-year electives studying tropical medicine in Liberia this year and found their experiences so rewarding that they plan to go back to Africa after they finish their internships.

They are Marshall Bernes and James Erwin Adams, who described their tropical experiences to fellow New York Medical College students in the spring, in a slide lecture entitled "Medicine in Africa."

Dr. Bernes spent several months at the Firestone Hospital on a rubber plantation, 35 miles from the capital, Monrovia, and Dr. Adams worked for two months in a mission hospital at Phebe, a half day's journey from the capital.

Both said that in their hospitals diagnosis of disease was the least of their problems. "We saw only the top of the iceberg," said Dr. Adams. "In the bush, where I was, the people are still distrustful of 'modern' medicine. They prefer to paint themselves with clay when they are ill, and to imbibe certain herbs. They also prefer their own 'bush doctor' to visiting a hospital. By the time we see them, their symptoms are blatant."

Dr. Adams said he made a point of seeking out a bush doctor and found him enthroned on an old Volkswagen seat in the middle of a mud hut, which had a sign on the wall reading "Things go better with Coke." "But he declined to grant me an interview," said Dr. Adams, "saying he had a headache."

Malaria, pneumonia, typhoid, tuberculosis, kwashiorkor, diarrhea, dehydration, fungal infections, and obstetrical difficulties were among the most common medical problems encountered by both students. Every patient had parasites, because of poor sanitation, and schistosomiasis of the bladder was prevalent, caused by washing in polluted waters.

Dr. Bernes worked in the Firestone Hospital from 7:00 a.m. to noon each day. "Most of the diseases I encountered are amenable to treatment," he said. "For example, kwashiorkor in a child can be alleviated in four to six months by tube feeding him milk, and a dehydrated child can be treated with electrolyte solutions."

In the afternoons, Dr. Bernes conducted a study on neonatal and perinatal mortality. "Of the 100 households I visited," he said, "I found that 60 percent of the children died before they were a year old. Fifty percent of those remaining died before they were five—of controllable diseases."

"If a woman is taking a long time in labor," Dr. Adams says, "her best friend may jump up and down on her stomach to hurry things up. If she's having a breech delivery, she may be held upside down in the belief that the baby will come out right side up. We also had four or five tetanus babies at the mission hospital each week because the umbilical cord had been cut with a non-sterile knife," he added.

A major health hazard during childhood, Dr. Adams believes is "bush school" where, he was told, all village children during a period of several months undergo initiation into the adult society of the tribe.

"Not all return home, however; many die while in the bush

school, I was told, of untreated malaria and other diseases, some of which appear to be closely related to the initiation rites."

The young doctors pointed out that one of the big hindrances to practicing modern medicine in Liberia is the respect the young people have for the old, who remain unconvinced of its benefits. If someone is old—that is, between 40 and 50—it means he has had enough stamina to survive. The biggest compliment a Liberian man can be given is to be called old. (U.S. students take note.)

For those who have survived the hazards of growing up in Liberia, the number one killer of young adults is automobile accidents, according to Dr. Adams, who said that the automobile had not yet been recognized there as a potential killer. "My wife, Susan, and I got into a Renault taxi one day with four persons and a goat on the back seat. As we raced along the narrow, dusty road, they laughed at our apprehension," he said.

On the other hand, certain common killers in the U.S. are rarities in Liberia, Dr. Adams said. "For the past six years, there has only been one coronary patient admitted to the mission hospital—and that was an American missionary," he said, adding "no cases of diabetes have been diagnosed at the hospital and no pulmonary embolisms."

Dr. Bernes and Dr. Adams agree that the major medical problems in rural areas in Liberia could be drastically reduced with an improved public health system and both feel that inexpensive screening procedures in the countryside, using paramedical personnel, would be a step in the right direction. "If you went to a town with a scale, blood pressure cuffs, a hemoglobin test kit and simple equipment to run urine tests, you could pick out high-risk patients before they came to the hospital," said Dr. Adams. "It's pretty difficult for six doctors to see nearly 250 people a day, which was our average."

Both doctors agree that some Western advice given to Liberians by U.S. doctors has had an adverse effect on public health. Giving babies bottled milk, for example, has proved disastrous, because of lack of refrigeration. Moreover, water used in mixing formula was often contaminated with amoeba or with typhoid and dysentery bacilli. The best insurance for surviving the first two years of life is breast feeding, they believe. Moreover, there's an added bonus to that. In addition to the immunity breast feeding provides, the child is in constant physical contact with the mother for the first two years of life. "She has the child on her back while she works and in her lap while she rests. This may not be practical in the U.S., but it certainly gives the Liberian child a sense of security obtainable no other way and may account for the gaiety and warmth of the children we met," Dr. Adams said.

During their lectures both Dr. Bernes and Dr. Adams expressed their admiration of the amiability of the Liberians, who remain genial and gracious, despite the hazards of everyday life. A good reason, they believe, for going back.



Dr. Bernes attired in local shirt and headgear relaxes with young patients.



Keeping cool in Liberia.

Alumni Day and Commencement



Commencement

The installation of Dr. Frederick L. Stone as president of New York Medical College began the 111th Commencement exercises in Carnegie Hall on June 2. Speaking on behalf of the Board of Trustees, Chairman Jackson E. Spears called Dr. Stone a "creative science administrator," and said, "In the time we have known him we have quickly come to appreciate the superb qualities he is endowed with, both as a man and as an administrator. He has an incisive mind, a keen sense of

humor, the ability to cut through to the core of a problem and take active steps toward an appropriate solution. He is articulate and purposeful, a born leader with vision, imagination and talent; it is a privilege to work with him."

A standing ovation greeted the new president who then addressed the graduates and guests on "Directions and Redirections for Medicine in the 70's" (reprinted in full on page 4.)

It was a day of ceremony, and following the invocation by Rabbi Lawrence W. Schwartz of the White Plains Jewish Com-



munity Center, and the singing of the national anthem, Dean J. Frederick Eagle administered the Hippocratic Oath to the 128 students receiving the degree of Doctor of Medicine.

When the M.D. degrees had been awarded, Dr. Milton Tabachnick, acting dean of the Graduate School, presented five candidates for the degree of Doctor of Philosophy, and two for the degree of Master of Science; Dr. Marguerite E. Kakosh, dean of the Graduate School of Nursing, presented 22 candidates for the degree of Master of Science.

Gold diplomas were awarded to the surviving members of the class of 1920 by Mr. Spears, who told the assembly that New York Medical College "is honored to honor those who have served the medical profession for fifty years."

There were six recipients of the honorary degrees Doctor of Science and Doctor of Humane Letters, awarded on behalf of the college by Dean Eagle and Dr. Stone.

For his interdisciplinary research in chemistry and pharmacology, Dr. Bernard Brodie, chief of the Laboratory of Chem-

ical Pharmacology at the National Heart and Lung Institute of NIH, was awarded the degree Doctor of Science, *Honoris Causa*, as was pioneer cancer chemotherapist and pathologist, Dr. Sidney Farber, renowned professor of pathology at Harvard Medical School. Dr. Thomas Earl Starzl, professor of surgery at the University of Colorado was similarly honored for his homotransplantation work.

Dr. Brodie's citation read in part: "By your application of chemistry to pharmacology you have changed the course of drug therapy in your generation . . . your contributions and discoveries have saved lives and also restored to purposeful living thousands who were deeply troubled." Dr. Farber's citation read in part: "Your significant research findings, your distinctive and inspired teaching, and your compassionate healing have earned a place of honor in the annals of medicine . . . your work will give new hope to untold thousands in generations to come." Dr. Starzl's citation read in part: "By your courage, conviction and perseverance you have pushed back the frontiers of medical science, imparting new knowledge to your colleagues and extending hope to the victims of congenital and acquired organic disease."

James F. Kelly, assistant secretary and comptroller of the



President Stone greets the members of the class of 1920 who received gold diplomas during ceremony.



Drs. Miles A. Galin and Richard H. Friedenberg, with other officers and faculty of the college, gather in a Carnegie Hall corridor prior to the commencement processional.



Honorary degrees were awarded to Dr. Bernard B. Brodie, Dr. Thomas E. Starzl, Mr. James F. Kelly, Mrs. Carol K. Pforzheimer, Dr. Sidney Farber, and Monsignor Christopher G. Kane.



Members of the graduating class pause enroute to the processional.

Department of Health, Education, and Welfare, was the fourth guest to be awarded the honorary science degree for his career of service in the Federal government. Mr. Kelly's citation read in part: "The legislative and grants-in-aid programs which you have instituted . . . speeded the flow of support for vital medical research and educational institutions across the country thereby aiding them in reaching their goal of a better life for the American people."

The recipients of the degree Doctor of Humane Letters were Carol K. Pforzheimer, former president and a member of the Westchester Council of Social Agencies, a county organization that has served Westchester's citizens for fifty years, and Monsignor Christopher G. Kane, director of the Division of Health and Hospitals for the Archdiocese of New York. Mrs. Pforzheimer's citation read in part: "Your watchfulness over the lives of your fellow men has earned the respect of all who have been associated with you and the gratitude of countless numbers whose lives have been bettered because of your efforts."

Monsignor Kane, an active member of the planning committee of Misericordia Hospital, participates in three hospital planning councils: the Health and Hospital Planning Council of Southern New York, the Northern Metropolitan Health and Hospital Planning Council, and the New York State Hospital Review and Planning Council. Monsignor Kane's citation read in part: "Expressing unequivocally your love of your fellow men, you have cared not only for their spiritual well-being but for their health, and have brought about enlightened improvement in the facilities constructed for the prevention and healing of illness and disease."

The benediction was read by the Reverend Harold Eads, director of Shalom, Inc., in East Harlem. Reverend Eads called upon the graduates to use their humane skills and knowledge to help heal "a broken and sick society," and bade them "go forth in peace."

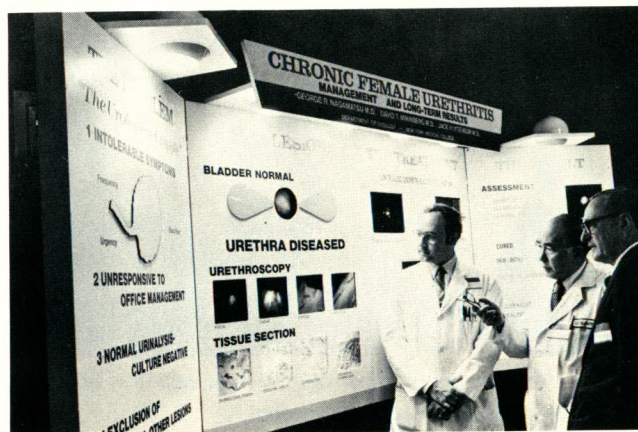
With the conferring of the 128 M.D. degrees, the total number of physicians graduated from New York Medical College since its founding in 1860 has reached 6,626.

Alumni Day

Alumni were reunited on June 1, at an all-day program that began at 10 o'clock in Hetrick Hall, proceeded to the scientific exhibitions, buffet lunch, a business meeting, and ended near midnight as the annual banquet, held at the Hotel Plaza, drew to a close.

Business Meeting

The question of admission policy for the children of alumni, and the way in which alumni trustees are chosen were the subjects of the meeting which followed lunch. Alumni Associ-



Dr. Harry Barowsky '31 (right), chairman of the 1970 Alumni Day Scientific Program, Drs. George R. Nagamatsu '34, and Joseph E. Davis '53, discuss exhibition assembled by the Department of Urology.



Dr. E. Edward Napp '33 greets associate member Dr. Leon Loizeaux at luncheon in Hetrick Hall.

ation members, who met in the college auditorium, were welcomed by Dr. Martin L. Stone, and heard an address by Dean Mark Peisch on the subject of admissions. After a question and answer period led by Dr. Peisch, a vote was taken to form a subcommittee which would consider this question in depth.

The present procedure by which the names of the alumni trustees are submitted was changed by vote. The resolution of both these issues will be reported fully to the alumni in the near future.

Scientific Exhibitions

In lieu of the usual scientific session, alumni viewed a series of scientific exhibitions assembled under the direction of Dr. Harry Barowsky '31, chairman of the 1970 Scientific Program. The Departments of Surgery, Urology, Radiology, Pediatrics, and Pharmacology assembled exhibitions on topics ranging from chronic urethritis in the female to the use of the Oral Panendoscope devised by Dr. Stanley Taub '57.

Alumni got a glimpse into the future of medical education while viewing an automatic transistorized recording and playback unit and a novel study carrel shown by the Department of Radiology. Designed by members of that department, in conjunction with the manufacturer (the 3M Visual Products Division), this cued sound-slide unit proved fascinating to those who had not had an opportunity to see it at the conference on undergraduate radiologic education held at the college in March. The compact, portable unit holds 35-millimeter slides in a carousel projector. As each group of slides is projected on a screen at the right side of the unit, an appropriate lecture, prerecorded on magnetic tape, accompanies it. An on-off switch enables the student to reverse both slide and sound for reviewing as often as necessary, a feature not available in the best of classroom lectures, Dr. Barowsky pointed out.

The exhibition that drew many alumni, graduates, faculty members, and friends was a collaborative effort by the Departments of Pharmacology and Urology. Called "The Anatomy of the Vas Deferens," it was an audio-visual presentation of the work of the urologist in the sperm laboratory and outlined the simple steps required for a vasectomy, a subject of much recent interest in the field of conception control. Assembled by Dr. Matthew Freund of the Department of Pharmacology and Dr. Joseph Davis of the Department of Urology, the exhibition, which gave continuous showings of a film on a Mark IV projector, was shown previously at last year's AMA convention, and meetings of the Fertility Society and the American Urological Society. Available at the booth were pamphlets, prepared by the departments, outlining the necessary steps to be taken by physicians whose post-vasectomy patients require further laboratory procedures.



Alumni and friends at luncheon. From left to right: Drs. Berwyn R. Force '42, Francis D. Speer, Philip Lascelle, Clifford J. Hayner '19, E. Edward Napp '33, Harry Barowsky '31, Alfred Tanz '48, Saul Schwartz '30, and H. A. Hauptman '30.



Fraternal greeting from Major Jesse Palmer '64 (in mufti at right) to brother Joel Palmer '70 who received his M.D. degree the following day.



Yearbook editors Norman Maron and Neil Simstein with Dr. Stephen N. Rous '56, to whom the book was dedicated. Dr. Rous expressed gratitude to class of '70 and to Drs. Eagle and Nagamatsu for encouraging him to join the faculty.

Senior Honors

On the afternoon preceding commencement, 32 members of the graduating class received special awards during the Senior Honors program.

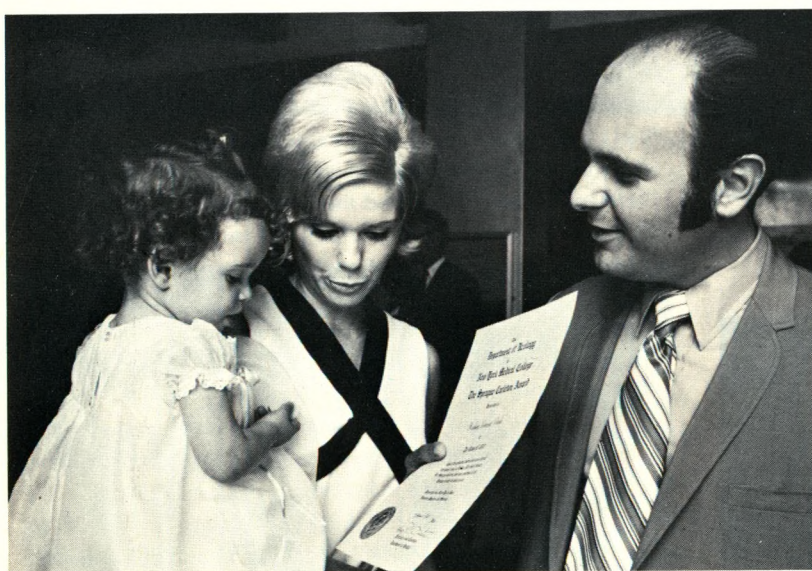
Most honored senior was Anthony J. Casella who won five awards, including the prestigious William Cullen Bryant Award, presented to the graduating student achieving the highest scholastic average. In addition, Dr. Casella won the Israel S. Kleiner Award for "outstanding interest in biochemistry," the Surgical Society Award of New York Medical College, the Samuel Spiegel Award for maintaining the highest scholastic average for four years, and membership in Alpha Omega Alpha, the scholastic honor society.

Award Recipients for 1970

- Linn J. Boyd, M.D., Award*
- James Erwin Adams
- William Cullen Bryant Award*
- Anthony J. Casella
- Sprague Carleton, M.D., Award*
- Robert Vincent Vitolo
- Karl Harpuder, M.D., Award*
- Daniel Richard Hain
- Walter C. Hurwitz, M.D., Award*
- Joel Martin Palmer
- Stephen P. Jewett, M.D., Award*
- Maurice Elish Markewich
- Israel S. Kleiner, Ph.D., Award*
- Anthony J. Casella
- Lange Medical Publications Award*
- Robert Isaac Appelman
- Robert Joseph Dalton
- Bessie Kaplan Morais Award*
- David Kaminsky
- Mosby Scholarship Book Award*
- Ian Arnold Gale
- Helen Marie Higgins
- Robert Peter Lombardo
- John Francis Meehan
- Virginia Alcott Sadock
- National Foundation Merit Award*
- Michael Richard Berman
- Obstetrical & Gynecological Society Prize*
- Barry Alan Meisel
- Orthopedic Surgery Award*
- Arthur Henry Newberg
- Parents' Council Award*
- Michael Glen Dolin



Most honored senior, Anthony J. Casella, is rewarded with smiles from his wife Diana (far right), his mother- and father-in-law, Mr. and Mrs. Joseph Bianco, and mother, Benedetta Casella (center).



Sprague Carleton, M.D. Award winner Robert Vitolo, with daughter Noreen and wife Norma, after Senior Honors program in Hetrick Hall.



Alpha Omega Alpha members pose for group picture before celebration dinner in Hetrick Hall on May 29.

Phi Delta Epsilon

Malcolm Harrison Hermele
Frank L. Pollack, M.D., Research Award
Thomas Barr Graboys

Radiology Award

Edward Thomas Creagan

Roche Award

Andrew Michael Gellady
Wilfred F. Ruggiero, M.D., F.A.C.S.,
Memorial Award

Richard Albert Knutson
Lawrence B. Slobody, M.D., Award
Ralph Klein

Samuel Spiegel, M.D., Award

Anthony J. Casella
Surgical Society Award

Anthony J. Casella
Conrad Engerud Tharaldsen, Ph.D.,
Award

David F. Micci
Upjohn Achievement Award
Philip Charles Cea
Leonard P. Wershub, M.D., Award

Denis Michael Murphy

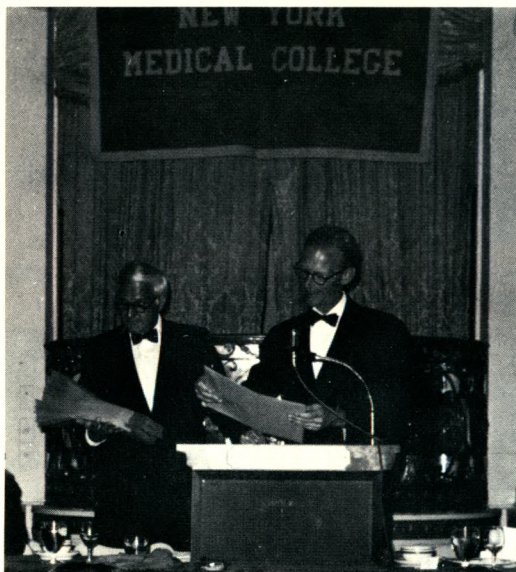
Alpha Omega Alpha

Class of 1970

James E. Adams
Richard T. Alia
Robert I. Appelman
Anthony J. Casella
William J. Chernack
Edward T. Creagan
Robert J. Dalton
Michael G. Dolin
David B. Kaminsky
Ralph Klein
Lee B. Lindquist
Robert P. Lombardo
John F. Meehan
David F. Micci
Denis M. Murphy
Arthur H. Newberg
Leonard J. Newman
Robert A. Peinert, Jr.
Stuart I. Springer
Thomas A. Troiano
Rocco J. Volpe

Cor Et Manus

Joel I. Brenner
Michael G. Dolin
Andrew M. Gellady
Norman L. Maron
Charles B. Mosher, Jr.
Leonard J. Newman
Neil L. Simstein



Drs. Martin L. Stone and J. Frederick Eagle awarding silver certificates to the class of 1945.



Two members of the class of 1945, Drs. Antonia Delli-Pizzi and Jane C. Wright, look over their silver certificates awarded at the alumni banquet. A third member, Dr. Cyrille R. Halkin (not shown), was banquet chairman.

Alumni Banquet

The banquet began on a joyous note as Dr. Martin L. Stone, president of the Alumni Association, welcomed the guests—in particular those classes celebrating their 50th and 25th anniversaries. He then introduced Mr. Spears. After reminding the guests of the college's "auspicious plans for a great new medical center," Mr. Spears said, "The alumni are the life blood of our institution, and as your chairman I can promise you that the Board of Trustees will do their share in making the plans a reality."

In his welcoming remarks to the banquet guests, Dean Eagle made special reference to the presence on the dais of the new president, Frederick L. Stone, saying "He is the very model of a modern college president." Dr. Eagle also spoke proudly of the students who were to graduate the following day, and their undergraduate colleagues, remarking that they had ranked sixth among the nation's medical schools in their National Boards. He lauded them for expressing constructive concern about the social and political issues of the day and for doing so without disrupting their educational activities or neglecting their responsibilities.

In closing his remarks Dr. Eagle referred to the school's financial structure. For a time last fall, "things looked exceedingly grim," he said, but added "I am happy to say that conditions have changed for the better, in part because of the enormous effort of the alumni, who last year contributed the largest amount of money in the history of alumni giving."

The check, for a record \$102,562.94, was presented to President Stone by Dr. Martin L. Stone, on behalf of the alumni. The college president thanked the alumni for their contribution to their medical alma mater. On behalf of the faculty and administration, he promised that "Our efforts will not flag." He added, with a smile, "You collect it and we'll spend it. We have many good uses for it."

Charles G. Mortimer, chairman of the Westchester Development Committee and a member of the Board of Trustees of the college, spoke eloquently of the Westchester Medical Center as "a creative, innovative center of discovery. I am deeply confident," he added, "that we will bring forth on this earth a medical center which will realize all the hopes of the alumni."

Dr. Martin L. Stone awarded silver certificates to the class of 1945, whose chairman, Dr. Jane C. Wright, presented the Alumni Association with a check from that class in the amount of \$13,200. Noting another record, Dr. Stone said that "this is the largest amount ever raised by a single class as a contribution to the Annual Fund."

And so ended a day devoted to reunion with friends, scientific exchange, honors and much joy as new alumni from the class of '70 joined those from other years in celebration of New York Medical College's 111th Commencement.



Chairman of the Westchester Development Committee, Mr. Charles G. Mortimer (far right) enjoys pre-dinner cocktails with Dr. Martin Stone, Dr. and Mrs. Stephen Rous, and Dr. Lawrence Slobody.



Drs. Catherine and Ladislav Hinterbuchner (foreground) at the cocktail reception preceding the alumni banquet.



Alumnus of the Year, Robert Jay Lifton '48, receives medal from Dr. Lawrence B. Slobody '36, as Dr. Martin L. Stone '44, Alumni Association President looks on.

Alumnus of the Year: Robert Jay Lifton, M.D. '48

Before awarding the Alumni Medal to the Alumnus of the Year, Robert Jay Lifton, Dr. Lawrence B. Slobody, vice-president of New York Medical College, quoted Dr. Lifton's former faculty advisor Dr. Isidore Tarlov, who reminisced that Dr. Lifton's "alert intellect and his warm, attractive personality, combined with his sensitiveness to the needs of his patients—body, heart, and mind—marked him as one whose name would some day be mentioned with pride because of his contributions to the welfare of his fellow men."

Dr. Lifton, professor of psychiatry at the Yale School of Medicine, is a scholar in the new discipline of psychohistory, which deals with the relationship between individual psychology and historical change. Last spring, as Yale University and the city of New Haven were preparing for what was expected to be massive violence on May 1, Dr. Lifton talked to *Chironian* about the issues: the student strike to "open up" the university, the Black Panther trial, the movement to press Yale into a more active role in combatting what many felt to be injustices in the community.

Dr. Lifton, who also teaches Yale undergraduates in an experimental seminar, had been deeply engaged in discussions of the anticipated crisis. "In so many things I do there is a kind of coming together of a professional concern and an ethical—and even political—involvement. One of my general intellectual concerns is with the new psychological styles taking shape and a fundamental historical turning point that has to do with the young and also has to do with holocaust. Then situations arise like this one at Yale, and I am very much involved—in my seminar on explorations in psychohistory and with a group of students who are right in the middle of it."

Although he would claim no credit for the relative peacefulness of the May Day demonstrations in New Haven, there is no question but that Dr. Lifton's scholarly interests have direct application to contemporary crises, and he is able to bring psychohistorical perspectives to bear on them.

A New Kind of Physician

Lifton is a new kind of physician for a new kind of human being. Through his research in both Eastern and Western cultures, he defines this new kind of person as "protean man." Proteus, in Greek legend, could change himself at will into any form, but when caught and bound, was forced to assume his own form and to foretell the future. Protean man, as Lifton sees him, is in constant flux, exploring and experimenting in all areas of human experience. Although the psychological styles he embodies are most prominent in the young—the late teens and early twenties—Lifton's contention is that protean man inhabits us all, and that his very existence is prophetic. Appearing at a time when the continuation of our species is threatened by two symbolically opposite potentials—overpopulation and nuclear war—protean man, Lifton believes, carries with him an extraordinary range of possibility for survival.

The new kind of physician that Lifton has become is not a

practitioner in the conventional meaning of that word. He rarely sees patients, yet his work is therapeutic in the broadest sense. As a leading theoretician of the new discipline of psychohistory he is helping to develop new understanding of individual human behavior in the extreme historical situations of our time. His teaching has impact on a wide variety of students, not only in psychiatry and social psychology, but in history and political science as well.

The dimensions of Lifton's recent studies are indicated in the title and subtitle of his latest book, *History and Human Survival: Essays on the Young and Old, Survivors and the Dead, Peace and War, and on Contemporary Psychohistory*. Published this year, it is a collection of his shorter writings during the past decade. His earlier books all deal with his extensive research in the Far East, which has included studies of Communist Chinese thought reform, or "brainwashing"; the cultural revolution in China; Japanese youth; and the psychology of the survivors of the atomic bombing of Hiroshima.

His work in Hiroshima, which was carried out in 1962, seventeen years after the holocaust, constituted the first systematic research into the psychological effects on the survivors. The book resulting from that study, *Death in Life: Survivors of Hiroshima*, won the 1969 National Book Award in the Sciences.

Several of Dr. Lifton's interests converge in his present research, which is also on death and symbolism, holocaust, and the sense of survival. These topics will be treated in his next scholarly book. At the same time, as part of a broad effort to examine the United States' involvement in Vietnam, of which Lifton has long been an outspoken critic, he and two colleagues are editing a book about My Lai and crimes of war.

"The matter of war crimes is another instance of my professional interests coming together with pressing political and ethical concerns that I feel very passionately," he says. "From the time My Lai was first exposed I've been involved in it, trying to collect information, talking with GI's who have been in Vietnam, some of them at My Lai. I've testified before a Senate subcommittee on the brutalization of American soldiers. I can bring expert testimony on this subject because of my experience with holocaust and the psychology of the survivor, which turns out to be directly relevant to the GI as survivor in the somewhat smaller holocaust in Vietnam.

"I've been to Vietnam twice and am very much concerned with that part of the world. Now a number of us are forming a national Education Action Conference on United States Crimes of War in Vietnam. Some of us are in the academic world, others are American Friends Service Committee people. We want to create a group that will maintain active dialogue on the subject, both to deepen the sense of what is happening in Vietnam, and what it means, and also as a further source of opposition to all war."

Dr. Lifton considers his interest in these subjects to be a scholarly one and is therefore reluctant to give up the schol-



Dr. Lifton

Credit: Margaret Brooks

arly side. "At the same time," he says, "I have a strong personal commitment to action on war crimes issues."

Robert Lifton's concern with scholarship and commitment is rooted in what he describes as a "progressive-liberal family background and a peace-minded kind of exposure in my childhood." He was born May 16, 1926, the son of Harold and Ciel Lifton, in New York City.

"My father, who died in 1966, was born in poverty of immigrant parents on the lower East Side. There is a fairly typical sequence, especially in Jewish immigrant families, in which the immigrant generation—in my case, my grandparents—were deeply involved in orthodox religion. The next generation—my parents, and my father particularly—rebelled vigorously from that whole orthodoxy and moved into a much more secular kind of experience. They really wanted to lap up the opportunities in American life and worked very hard under a lot of impediments to bring themselves to a position where they could. My father wanted to be a physician and began making plans to go to medical school, but when he was unable to raise money for tuition, he went into business instead. He had very strong social and humane interests, and many of these were associated with City College where he remained enormously active in various ways until he died." Dr. Lifton says that both his parents were interested in ethical matters "so for me there's a kind of continuity of ethical interests."

As a student at Erasmus Hall High School in Brooklyn, Robert Lifton was attracted to the liberal arts. He had little interest in the basic sciences, and his decision to go into medicine stemmed, he says, from family influences and "some general healing inclination." His present involvement with psychohistory, however, represents a return to a very strong early preoccupation with historical questions. "When I went into medicine and then psychiatry, I certainly had no idea I was going to do something in history, but now that I am doing it I recall a very strong early interest in history in high school, and certain teachers who helped stimulate it."

Enters Medical School at 18

He started college at Cornell in 1942. Two years later, under the accelerated schedule in effect during the war, he had completed nearly three academic years and was admitted at the age of eighteen to New York Medical College. Here he was soon drawn toward psychiatry. "We had a small psychiatry club where some of us who had become interested in the field rather early met and exchanged ideas. But even then I had a sense of having a different kind of interest than my classmates. It seemed to me," he recalls, "that there was a disproportionate focus on the technical aspects of medicine rather than on the social or humane. I remember Dr. Isidore Tarlov (then professor and chairman of the Department of Neurosurgery). He had both a humane approach to medicine and a dedication to scholarship that impressed me and that I have sought to bring to my present work." Dr. Lifton believes

that this focus on the technical rather than the humane pervades much of education, not only medical, and that it is to this that many young people are presently addressing themselves.

Following his graduation from New York Medical College in 1948, Dr. Lifton served a rotating internship at Jewish Hospital in Brooklyn, and from 1949 to 1951 served his residency in psychiatry at the Downstate Medical Center of the State University of New York. The next major move in his life, and the one that has perhaps most shaped his career, he describes with his characteristically wry kind of humor. "The scientific and carefully preplanned development of my interest in the Far East came about as follows: I was serving my required two years of military service in the Air Force, not without some reluctance, and when my base received orders for a psychiatrist to go overseas I was selected, being the only unmarried man. I asked for Paris and they sent me to Tokyo, and that was the beginning of my interest in the Far East."

Marries Writer

Just before he left Japan, Lifton married Betty Jean Kirschner of Cincinnati, Ohio, a writer and television production assistant in New York. She was then beginning to write stories and plays for children, a field in which she has since become extremely productive with the publication of about a dozen books. Following their marriage she obtained press credentials to go to Tokyo, where she lived with a Japanese family while her husband served in Korea. Later they were both involved in the prisoner of war exchange there. She was a news correspondent and he was a psychiatrist whose clinical experience with returning American prisoners was then leading toward the first of his major research projects, the study of thought reform or "brainwashing" in China which he continued in Hong Kong after he was discharged.

On his return to the United States, Dr. Lifton spent a year in Washington, D.C., at the Washington School of Psychiatry and the Walter Reed Army Institute of Research. "My evolution as a research psychiatrist involved a kind of vision I had," he recalls, "which two foundations supported with a long-term grant when I joined the faculty of the School of Medicine at Harvard University in 1956. For the last two years of that grant I went back to Japan to begin the study of Japanese youth." It was here that the Lifton's son, Kenneth Jay, was born in 1961. (A daughter, Karen, was born in 1965.)

"In the meantime, people I knew at Yale had become interested in my work, and the Foundations Fund for Research in Psychiatry had decided to grant support for research chairs in psychiatry at several universities. These were to be applied for jointly by the university and the candidate, and I guess that's how Yale and the Fund and I got together." He was appointed to the Yale faculty in 1961 as the first incumbent of the Foundations Fund for Research in Psychiatry Professorship.

Dr. Lifton's study in Hiroshima had not been planned in

advance. He visited the city for the first time in 1962, just as he was completing his studies of Japanese youth in Tokyo and Kyoto. Upon learning something of the effects on people who had lived through the atomic blast and the intensity with which they continued to relive their experience and to be haunted by it—and that no one had done a systematic study of these effects—he decided to stay in Hiroshima to conduct the investigation.

"There is a kind of principle here that I believe in. The notion of projecting research in exactly scientific and airtight ways is dubious in many cases, because sometimes you do important things you do not quite know you are going to do until the moment arises. Research plans have to have a certain flexibility."

In the continuing coming together of his professional interests and his personal convictions, Lifton's flexibility is one of the things that enables him to apply psychohistorical insights to events in which he is a participant. At a New Haven gathering on April 28, when Yale medical students and faculty were making preparations to provide medical care during the anticipated violence, Dr. Lifton addressed his colleagues: "As physicians we tend to be very comfortable with our skills in times of crisis. We are able to mobilize quickly and care for the injured, and this is necessary and good. But the time is past when we can be just technicians. The issues of today really require our active *political* and *ethical* concern."

"In the United States we are in for decades and decades of radical social change, and we physicians cannot hide behind our technical skills to avoid taking moral responsibility. We have got to apply ourselves constructively to the change that is coming."

Internship and Residency Appointments for the Class of 1970

One hundred and twenty-eight students received M.D. degrees from NYMC in June and have started serving internships and residencies. Fifty-three of the new graduates are interning at Metropolitan Hospital Center. A complete list of appointments appears here.

James E. Adams
*Metropolitan Hospital Center
New York, N.Y.*

Peter S. Albert
*Metropolitan Hospital Center
New York, N.Y.*

Eric L. Albin
*Metropolitan Hospital Center
New York, N.Y.*

Richard T. Alia
*Robert Packer Hospital
Sayre, Penn.*

Dennis J. Allendorf
*St. Luke's Hospital
New York, N.Y.*

Robert I. Appelman
*Bronx Municipal Hospital Center
The Bronx, N.Y.*

Ronald L. Arenson
*Beth Israel Hospital
New York, N.Y.*

Michael C. Armao, Jr.
*St. Vincent's Hospital
New York, N.Y.*

Dolores G. Arnold
*Long Island Jewish Hospital
New Hyde Park, N.Y.*

Charles L. Barrett
*Los Angeles County,
Harbor General Hospital
Torrance, Calif.*

Robert J. Baumgartner
*Lenox Hill Hospital
New York, N.Y.*

David J. Beccia
*Hartford Hospital
Hartford, Conn.*

Louis M. Benevento
*Metropolitan Hospital Center
New York, N.Y.*

Peter H. Berglas
*Metropolitan Hospital Center
New York, N.Y.*

Michael R. Berman
*Metropolitan Hospital Center
New York, N.Y.*

Marshall R. Bernes
*Los Angeles County
U.S.C. Medical Center
Los Angeles, Calif.*

Bruce A. Bob
*Metropolitan Hospital Center
New York, N.Y.*

Michael I. Bonder
*Metropolitan Hospital Center
New York, N.Y.*

Frank P. Bongiorno
*Army Medical Service
Hospitals (Tripler)
Honolulu, Hawaii*

Joel I. Brenner
*New York-Memorial (Cornell)
New York, N.Y.*

William N. Carroll, Jr.
*Metropolitan Hospital Center
New York, N.Y.*

Anthony J. Casella
*New York-Memorial (Cornell)
New York, N.Y.*

Philip C. Cea
*Metropolitan Hospital Center
New York, N.Y.*

William J. Chernack
*Presbyterian Hospital
New York, N.Y.*

Howard A. Chester
*Metropolitan Hospital Center
New York, N.Y.*

Dominick M. Conca
*Washington Hospital
Washington, D.C.*

John J. Conroy
*Naval Hospital
Jacksonville, Fla.*

Edward T. Creagan
*University of Michigan
Affiliated Hospitals
Ann Arbor, Mich.*

Robert E. Crootof
*George Washington Hospital
Washington, D.C.*

Robert J. Dalton
*Metropolitan Hospital Center
New York, N.Y.*

Larry W. Denmark
*Lenox Hill Hospital
New York, N.Y.*

Stephen R. Dinnerstein
*Metropolitan Hospital Center
New York, N.Y.*

Michael G. Dolin
Montefiore Hospital
The Bronx, N.Y.

Fred S. Fensterer
Metropolitan Hospital Center
New York, N.Y.

Paul M. Feuer
Meadowbrook Hospital
East Meadow, N.Y.

Jeffrey R. Foster
Metropolitan Hospital Center
New York, N.Y.

Martin J. Frank
Georgetown University Hospital
Washington, D.C.

Kenneth B. Fryer
San Francisco General
San Francisco, Calif.

James E. Gaffney
Metropolitan Hospital Center
New York, N.Y.

Francis S. Gagliardi
Beth Israel Hospital
New York, N.Y.

Ian A. Gale
Los Angeles County,
Harbor General Hospital
Torrance, Calif.

Andrew M. Gellady
Children's Memorial Hospital
Chicago, Ill.

Louis B. Gennarelli
Metropolitan Hospital Center
New York, N.Y.

Charles R. Goldfarb
Metropolitan Hospital Center
New York, N.Y.

Richard L. Goldhamer
Metropolitan Hospital Center
New York, N.Y.

Eric F. Gould
Long Island Jewish Hospital
New Hyde Park, N.Y.

Thomas B. Graboys
Boston City Hospital
(Boston University)
Boston, Mass.

William J. Gralnick
Metropolitan Hospital Center
New York, N.Y.

Daniel R. Hain
Coney Island Hospital
Brooklyn, N.Y.

Craig R. Heim
Cleveland Clinic Hospital
Cleveland, Ohio

Raymond E. Henry
Los Angeles County,
U.S.C. Medical Center
Los Angeles, Calif.

Malcolm H. Hermele
Beth Israel Hospital
Newark, N.J.

Helen M. Higgins
Metropolitan Hospital Center
New York, N.Y.

William H. Isacoff
Los Angeles County,
U.S.C. Medical Center
Los Angeles, Calif.

Robert M. Israel
St. Clare's Hospital
New York, N.Y.

Hollace D. Jackson
Metropolitan Hospital Center
New York, N.Y.

Wendy E. Joseph
Metropolitan Hospital Center
New York, N.Y.

David B. Kaminsky
South Nassau Community Hospital
Oceanside, N.Y.

Jeffrey M. Kaplan
Long Island Jewish Hospital
New Hyde Park, N.Y.

Robert L. Karp
Metropolitan Hospital Center
New York, N.Y.

Ira Kasoff
Metropolitan Hospital Center
New York, N.Y.

Ralph Klein
New York Memorial (Cornell)
New York, N.Y.

Richard A. Knutson
Metropolitan Hospital Center
New York, N.Y.

Richard M. Koenig
Metropolitan Hospital Center
New York, N.Y.

Howard T. Lantz
Lenox Hill Hospital
New York, N.Y.

Robert F. Lautin
Jefferson Medical College
Philadelphia, Penn.

Alan M. Lesselroth
Washington Hospital
Washington, D.C.

Marshall S. Lewis
Lenox Hill Hospital
New York, N.Y.

Bruce A. Lieberman
Metropolitan Hospital Center
New York, N.Y.

Lee B. Lindquist
Presbyterian-St. Luke's
Chicago, Ill.

William Lipsky
Metropolitan Hospital Center
New York, N.Y.

Anthony L. Llewellyn
Metropolitan Hospital Center
New York, N.Y.

Robert P. Lombardo
Metropolitan Hospital Center
New York, N.Y.

Carol L. Manberg
Lenox Hill Hospital
New York, N.Y.

Maurice E. Markewich
Beth Israel Hospital
New York, N.Y.

Norman L. Maron
Lenox Hill Hospital
New York, N.Y.

Paul A. Maxwell, Jr.
Baylor University Medical Center
Dallas, Texas

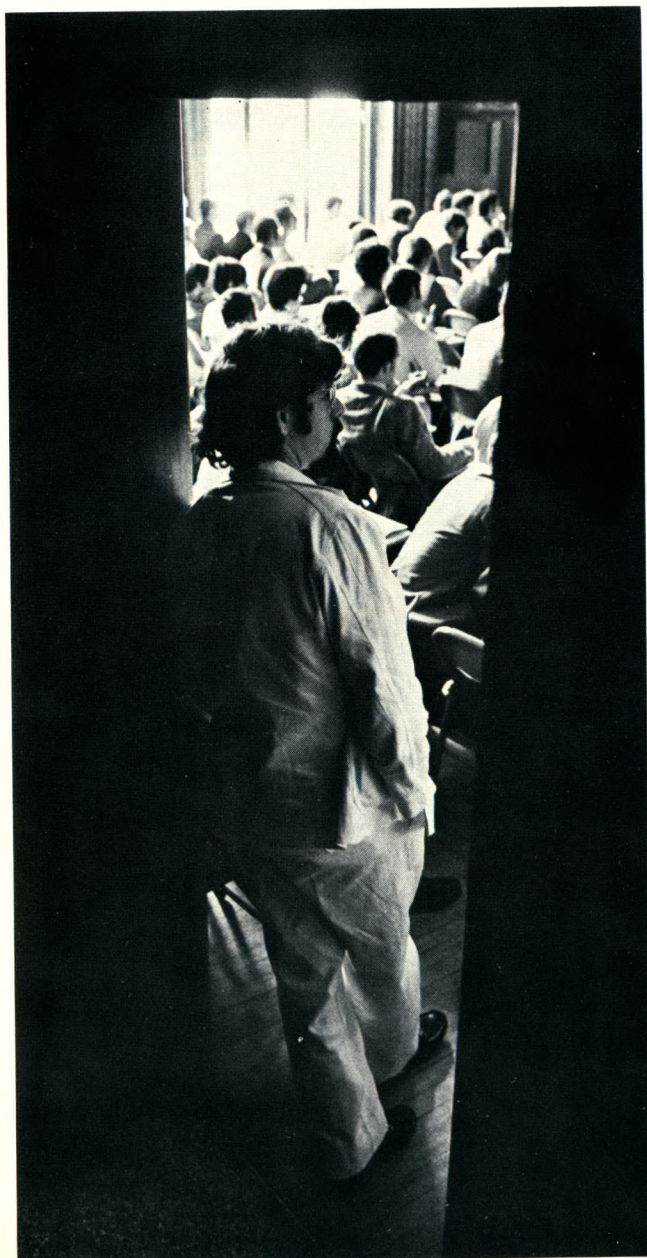
John T. Mazzeo
Metropolitan Hospital Center
New York, N.Y.

Peter P. McKellar
University of Illinois
Affiliated Hospitals
Chicago, Ill.

John F. Meehan
University of Michigan
Affiliated Hospitals
Ann Arbor, Mich.

- Paul R. Megibow
Mount Sinai Hospital
New York, N.Y.
- Barry A. Meisel
Metropolitan Hospital Center
New York, N.Y.
- David F. Micci
Metropolitan Hospital Center
New York, N.Y.
- Kenneth A. Miller
Metropolitan Hospital Center
New York, N.Y.
- Charles B. Mosher, Jr.
Los Angeles County,
U.S.C. Medical Center
Los Angeles, Calif.
- Denis M. Murphy
Mayo Graduate School of Medicine
Rochester, Minn.
- William J. Muster, Jr.
Metropolitan Hospital Center
New York, N.Y.
- Ann M. Nardi
Metropolitan Hospital Center
New York, N.Y.
- Arthur H. Newberg
Mayo Graduate School of Medicine
Rochester, Minn.
- Frederic R. Newman
Public Health Hospital
Boston, Mass.
- Leonard J. Newman
San Diego County-University Hospital
San Diego, Calif.
- Robert P. Newman
St. Elizabeth's Hospital
Boston, Mass.
- John W. O'Grady
Lenox Hill Hospital
New York, N.Y.
- Joel M. Palmer
Metropolitan Hospital Center
New York, N.Y.
- Kenneth I. Pataki
Jackson Memorial Hospital
(University of Miami)
Miami, Fla.
- Robert A. Peinert, Jr.
St. Elizabeth's Hospital
Boston, Mass.
- George W. Pelebecky
Metropolitan Hospital Center
New York, N.Y.
- Martin S. Pine
University of Illinois
Affiliated Hospitals
Chicago, Ill.
- James S. Pollack
Beth Israel Hospital
New York, N.Y.
- Kenneth R. Pozner
Long Island Jewish Hospital
New Hyde Park, N.Y.
- Alfred B. Randall
New England Deaconess
Boston, Mass.
- Robert M. Rogers
Metropolitan Hospital Center
New York, N.Y.
- Alan L. Rose
Metropolitan Hospital Center
New York, N.Y.
- Margot M. Rothman
Harkness Community
San Francisco, Calif.
- Stephen L. Rubin
Grady Memorial (Emory University)
Atlanta, Ga.
- Donald H. Rudick
Metropolitan Hospital Center
New York, N.Y.
- Virginia Sadock
Metropolitan Hospital Center
New York, N.Y.
- Robert I. Saltzman
Metropolitan Hospital Center
New York, N.Y.
- Robert J. Santella
Metropolitan Hospital Center
New York, N.Y.
- Donald E. Sawyer
Metropolitan Hospital Center
New York, N.Y.
- Steven A. Schiff
University Hospitals
(Ohio State University)
Columbus, Ohio
- Monika M. Schwabe
Children's Hospital
Boston, Mass.
- Michael K. Seidenstein
Hospital for Joint Diseases
New York, N.Y.
- John P. W. Seward
Naval Hospital
San Diego, Calif.
- Donald T. Sherwood
Metropolitan Hospital Center
New York, N.Y.
- Neil L. Simstein
Ben Taub General Hospital-Methodist
Houston, Tex.
- Robert I. Spector
U.S. Public Health Service
Staten Island, N.Y.
- Stuart I. Springer
Hospital for Joint Diseases
New York, N.Y.
- Samuel S. Steiner
Beth Israel Hospital
New York, N.Y.
- Thomas A. Troiano
Colorado Medical Center
(University of Colorado)
Denver, Colo.
- Bryan R. Updegraff
Army Medical Service Hospitals
(Wm. Beaumont)
El Paso, Tex.
- Joseph S. Vetrano
Metropolitan Hospital Center
New York, N.Y.
- Robert V. Vitolo
Metropolitan Hospital Center
New York, N.Y.
- Rocco J. Volpe
Metropolitan Hospital Center
New York, N.Y.
- William M. Walsh
Metropolitan Hospital Center
New York, N.Y.
- William F. Woods
Metropolitan Hospital Center
New York, N.Y.
- Edward J. Zelnick
San Diego County-University Hospital
San Diego, Calif.
- Paul L. Ziegler
Metropolitan Hospital Center
New York, N.Y.

Orientation Day



September 8, 1970—a crisp, bright day of beginnings for 138 young men and women starting their medical education at New York Medical College. At ten o'clock that morning, the group of first-year students comprising the class of 1974 met with the faculty, staff, and members of the Board of Trustees, who had assembled to welcome them to the college. There was a quiet undercurrent of excitement and anticipation combined with nostalgia. For the young people, this day was both a culmination and a starting point. For their professors, there were personal memories of similar days.

Dr. J. Frederick Eagle extended greetings on behalf of President Frederick L. Stone, who was in Europe addressing a meeting of the World Health Organization. "The most important thing to learn in life is what you *don't* know," Dean Eagle pointed out, adding that this has special meaning for the practice of medicine.

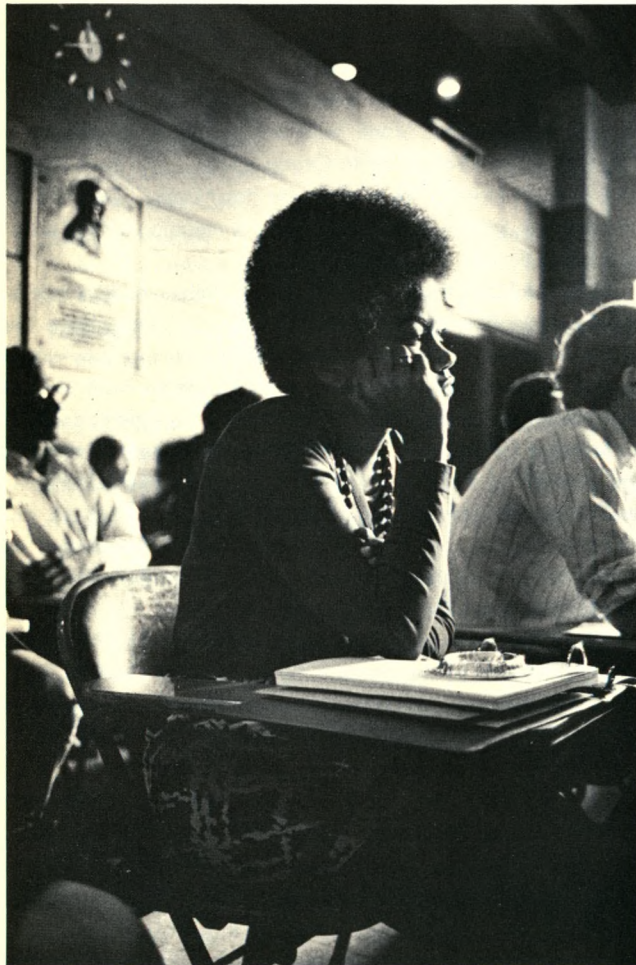
Congratulating the students on their excellent medical admission examination scores (their grades were well above the national average), Dr. Mark L. Peisch told them that they would find a progressive environment at the college, with student representation in such important areas as the Admissions and Curriculum Committees. Dean Peisch spoke of the opportunities for students to become involved in the life of the community, mentioning a clinic in Harlem which a group of NYMC students is helping to organize. He also told the class that an important part of their education would lie in their taking an active role in the life of the college.

Citing the pressures which every student feels, Paul Goldstein, president of the Student Senate and the senior class, said, "In the quest for knowledge, all medical students must learn to live with anxiety." Then he smiled and added, "The fact that we are here proves that it can be done."

Dr. David Lehr discussed grading and relevancy—two major concerns of students—commenting, "Preoccupation with grading is almost always most intense in the first year; it decreases significantly in the second year and tends to disappear almost entirely in the clinical years." He said that most of the faculty favors early student exposure to the patient, adding that the new curriculum, with its vertical teaching structure by organ systems, will allow for this.

"Relevancy is a nondiminishing concern of students, shared by the faculty and especially the Curriculum Committee," Dr. Lehr said. "However, what may seem irrelevant to the rural practice of medicine today, may be eminently important for the well-informed practitioner in an urban center in the year 2000."

Pointing out that all of the scientific advances in hardware have only served to emphasize "the central and indispensable role of the physician in his intimate human relationship with his patient . . . as important today as it was in ancient times," Dr. Lehr said. "It is this human relationship which encompasses the patient's trust and confidence in his physician, and the



physician's sincere interest in and concern for his patient, forming a vital link in the therapeutic process.

"We are eager to help you become well-informed and dedicated physicians who will competently practice their art in the 21st century," he concluded.

It has become a tradition on Orientation Day for Dr. Rachmiel Levine, chairman of the Department of Medicine, to initiate the medical education of the first-year students by presenting them with a case history and a short talk. Microphone in one hand, chalk in the other, Dr. Levine proceeded to outline the disease diabetes mellitus, characterizing it as so common a disorder that it was safe to say that of the 138 new students, probably eight were already diabetic, eight would become diabetic within ten years, and another ten would be diabetic by the time they reached middle age.

Recalling that Osler once said that if you know syphilis, you know medicine, Dr. Levine said that the same is true for diabetes, which touches every aspect of medicine. Although its history can be traced back for thousands of years, its causes and treatment remain largely unsolved. Dr. Levine, who is one of the world's foremost authorities on diabetic disorders, gave a brief historical review of the disease, citing the discoveries which have been important milestones in the search for a cause and cure.

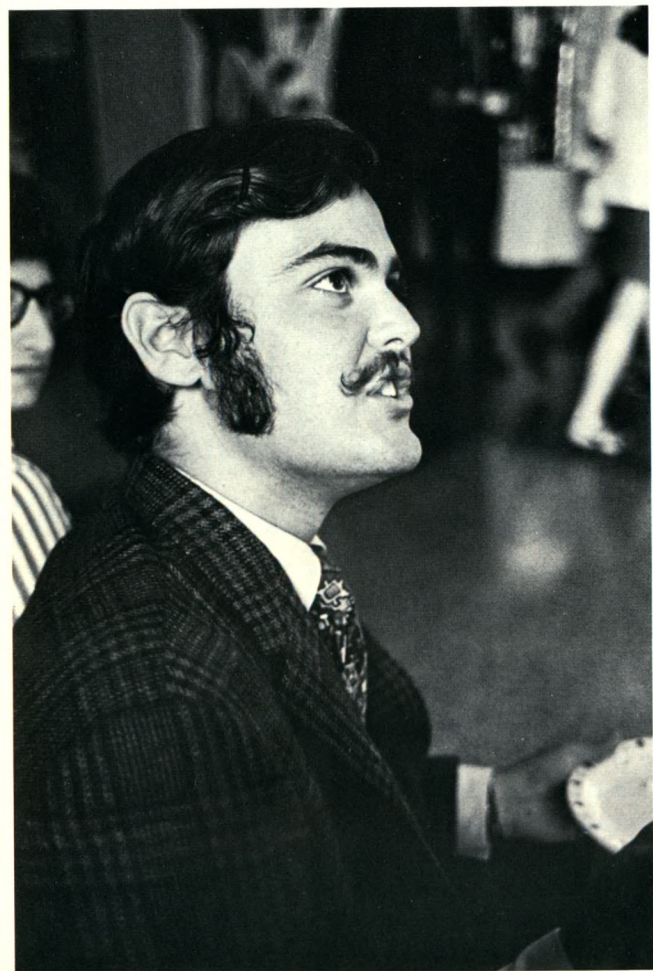
Relating the case history of A. D., age 53, who had been diabetic since the age of 24 and had been on insulin for almost 30 years, Dr. Levine said, "If this patient had been diagnosed as diabetic in 1917, the prognosis would have been six months to a year."

Following the case presentation, Mr. D., who had been seated in the audience, was introduced. He commented that he was delighted to be a live case history and would be pleased to answer any questions which the students might have.

At the conclusion of a brief but spirited question and answer session, Dr. Levine summarized the special problems and challenges posed by diabetes mellitus, indicating the great need for further research to enlarge our understanding of the disease and provide better treatment.

Dr. Levine then offered the students "a few moral precepts," advising them that anyone who did not feel a lifelong sense of excitement about medicine should not be there. He counseled the students to "beware of kindly persons who want to emasculate the curriculum," and provide them with "more free time."

"From now on," said Dr. Levine, "you will need twenty-four hours a day for medicine."





At the cocktail party following the Third Annual Urology Day Scientific Session on November 12, alumni greet Leonard Paul Wershub Memorial lecturer Dr. Arthur T. Evans, Professor and Chairman, Department of Urology, University of Cincinnati Medical School. From left to right, Drs. David Mininberg, Evans, George R. Nagamatsu, and Joseph M. Andronaco. Dr. Evans spoke about The Urologist and Sex, stressing the patients' need for plain talk from the physician. "When you see non-specific urethritis, persistent low back pain, recurrent prostatitis," he said, "elicit information about your patient's sex life. That might be where the trouble is."



Alumni and guests of the Department of Obstetrics and Gynecology leave Hetrick Hall at the close of a Residents' Day symposium on Fetology in High Risk Pregnancy held in October by the department and the Obstetrical and Gynecological Society. From left to right: Drs. Allan B. Weingold '55, Associate Professor, NYMC, Charles A. Hunter, Professor and Chairman, Department of Obstetrics and Gynecology, University of Indiana School of Medicine, Clyde L. Randall, Professor and Chairman, Department of Obstetrics and Gynecology, State University School of Medicine at Buffalo, Joseph F. Kennedy '61, Assistant Professor, Johns Hopkins School of Medicine, seminar host, Chairman Martin L. Stone '44, Luigi Mastroianni, Professor and Chairman, Department of Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Sanford Sall '59, Associate Professor, NYMC, Richard H. Aubrey '58, Associate Professor, Department of Obstetrics and Gynecology, State University of New York at Syracuse, and Frederick P. Zuspan, Professor and Chairman, Department of Obstetrics and Gynecology, University of Chicago School of Medicine.

Alumnus Urges New Look at Breast CA

How much is the biological behavior of breast cancer influenced by immunological responses? To find some answers to that question, Maurice M. Black '43, who is a professor in the Department of Pathology at NYMC, is investigating tumor-host responses, using a simple skin window technique which allows him to visualize the interaction between the host's cells and antigens of autogenous cancer tissue. Dr. Black has recently added this technique to his investigations. These include histochemical, biochemical, cytochemical, epidemiologic, and immunologic studies of mammary carcinoma which he has been conducting for nearly twenty years.

"The simplicity of the skin window technique and the ability to repeat it readily in the same patient," he explains, "commend its use as a method for following the course of immunological phenomena in cancer patients." These studies of cellular response are being carried on in collaboration with Henry P. Leis, Jr. '41, of the Department of Surgery. They include correlations between the skin window studies and other parameters, such as hypersensitivity reactions of lymph node lymphocytes, structural manifestations of hypersensitivity, and the clinical course of the disease.

In addition to his intramural investigations, Dr. Black is engaged in exchange studies of prognostic factors in breast cancer with the End Results Section of the National Cancer Institute, the Saskatchewan Cancer Registry, and the Norwegian Radium Hospital.

"Although most breast cancer deaths are ultimately the result of metastatic involvement," he says, "there is, nevertheless, marked variation in survival among patients with breast cancer. Such variations make these patients ideal subjects for identifying factors which influence survival. A definition of prognostically significant variables is a prerequisite for evaluating the benefits and limitations of therapeutic procedures. Such information would increase our understanding of tumor-host interactions and might ultimately supply new approaches to therapy."

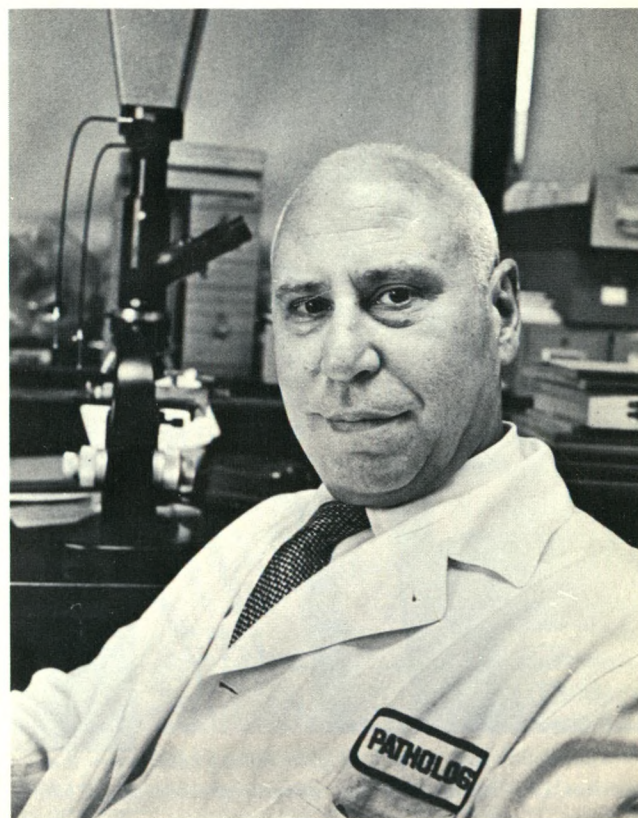
Further studies are needed, he stresses, to adequately define the biological significance of differences in behavior of breast cancers in individual patients and also the changing responses in the same individual over a period of time.

Data collected by Dr. Black and his associates over the years have led him to raise questions regarding our knowledge of breast cancer. For example, in discussing the ambiguity surrounding sequential alterations in the disease, he says: "It is commonly believed that breast cancer moves in a straight line from atypical hyperplasia to in situ carcinoma, followed by

invasive carcinoma. But the reality and necessity for such a sequence really is not proved. Moreover, there is lack of agreement as to where atypia stops and in situ carcinoma begins."

Dr. Black also questions the tacit assumption that the behavior of post-benign biopsy breast cancer (PBC) is the same as that of the general population of breast cancers. From preliminary studies under way in his laboratory, he believes this assumption may prove false. "We have found," he says, "that PBC tends to have uniquely favorable stage and survival characteristics which cannot be explained solely in terms of the histologic type or grade of the primary tumor but rather appear to be a function of host factors."

Dr. Black believes that this group of breast cancers has distinctively favorable characteristics which provide unique material for endocrinologic and immunologic studies. In view of the infrequency of such post-benign cancer patients, he would welcome contributions of similar cases from other members of the medical community.



Dr. Black

Review and Preview

Two Faculty Chairmen are Award Winners

Dr. Rachmiel Levine, professor and chairman of the Department of Medicine, and Dr. Johannes A. G. Rhodin, professor and chairman of the Department of Anatomy, won coveted awards this spring.

Dr. Levine's award, a John Simon Guggenheim Memorial Foundation Fellowship, will permit him to pursue a long-cherished goal—the writing of a textbook about biochemistry and its relevance to the practice of medicine.

"Up to now," Dr. Levine told *Chironian*, "the trend in textbook writing has been to give an overall picture of the field of biochemistry, which has developed tremendously in the last few decades. As a result, textbooks usually contain material the student will never need and omit material which is essential." Dr. Levine, who has spent more than three decades investigating and teaching the subtleties of metabolic disease, plans to assemble a text which will include biochemical information most relevant to the practicing physician. "Over the

years," he says, "I have been compiling material to write just such a book, and the award offers me the opportunity to do so."

Dr. Rhodin received the Eugene M. Landis Research Award of the Microcirculatory Society "in recognition of his outstanding contributions in the field of microvascular research."

The man for whom the award is named, Dr. Landis, emeritus professor of physiology at Harvard University Medical School, made the presentation to Dr. Rhodin at the society's annual meeting in Atlantic City, N.J., in April.

The research for which Dr. Rhodin won the award is concerned with the structure and function of the minute vessels which support the activity of the cardiovascular system. Dr. Rhodin investigates these minute circulatory channels *in vivo* using the electron microscope, which enables him to study the direction of blood flow and to pinpoint the exact location of the channels in the microcirculatory network without losing orientation.



At a reception following the Eighth Annual Meeting of the Radiological Society on May 18, newly-elected officers greet the guest speaker, Dr. Charles Shopfner, director of radiology, Children's Mercy Hospital, Kansas City, Missouri. From left to right: Drs. Emil Balthazar, vice president-elect, Anita Gross (not an officer), Rita Girolamo '51, president, Marilyn Pearl, secretary-treasurer, and Dr. Shopfner.



The Class of 1930 celebrated its 40th anniversary in June with a dinner dance at the Hotel Carlyle. It was a gala evening of unabashed sentiment and nostalgia as former classmates reminisced about the changes that had taken place in the medical community during the last forty years.



Alumnus Milton Best '62 (left), shares a laugh with fellow faculty members Irving Baras, Pal Greguss, Bernard Kronenberg and chairman Miles Galin. The occasion was the Department of Ophthalmology's Annual Alumni Conference in June. The well attended two-day program was held in the college auditorium.

Alumni in the News

Alumnus Devises Formula to Predict Hodgkin's Prognosis

A formula to assess the prognosis of patients with Hodgkin's disease was discussed by Dr. Jack Brook '53 at the 10th International Cancer Congress in Houston, Texas, in May.

The formula, which evolved from a study of 100 patients at the Veteran's Administration Hospital in Long Beach, California, where Dr. Brook is chief of the Hematology Section, indicates whether the patient will survive for longer than two years. Five factors are studied by the VA Cancer Chemotherapy Group, which Dr. Brook heads: areas of node involvement, cell type, patient's age, the first drug used in the patient's treatment program, and the degree of improvement shown after the first course of therapy.

"This doesn't tell us precisely how many months a patient will live," Dr. Brook emphasized. "What it does tell us are the chances a patient has of living more than two years in contrast with less than two years." Dr. Brook described the two types of drug treatment used at the Long Beach hospital and others in the management of advanced Hodgkin's disease.

A combination approach using nitrogen mustard, vincristine, procarbazine and prednisone is in use, as well as a sequential approach in which a single dose of nitrogen mustard is followed by oral doses of chlorambucil a short time later.

The two approaches have been used successfully in sixteen VA hospitals, according to Dr. Brook, who explained that preliminary results indicate that the combination drug program is more effective than the use of the single agents. "But the ultimate determinate as to which program is better will depend on their effect on survival," he said. "And we won't know these results until we have observed those currently in remission and those patients to be treated in the future."

Dr. John A. Hennesen '48 Retires from Service

John A. Hennesen, M.D., who graduated from New York Medical College in 1948, was decorated with the Legion of Merit during recent ceremonies preceding his retirement from the U.S. Air Force after 20 years of military service.

He was presented with the decoration—one of the nation's highest—by General Jack G. Merrell, commander of the Air Force Logistics Command, at Wright-Patterson Air Force Base in Ohio.

Dr. Hennesen, who is a member of the American College of Surgeons and the American Academy of Orthopedic Surgeons, distinguished himself by outstanding service and leadership as commander of the U.S. Air Force Medical Center at Wright-Patterson from July 1966 until his retirement.

Prior to his assignment to Wright-Patterson, Dr. Hennesen completed a three-year tour as chief consultant in orthopedic surgery to the command surgeon of U.S. Air Forces in Europe.

Dr. Hennesen, who has an aeronautical rating of flight surgeon, was chief of orthopedic surgery at U.S. Air Force hospitals at Andrews Air Force Base, Maryland, for five years and at Clark Air Base in the Philippines, for two years.

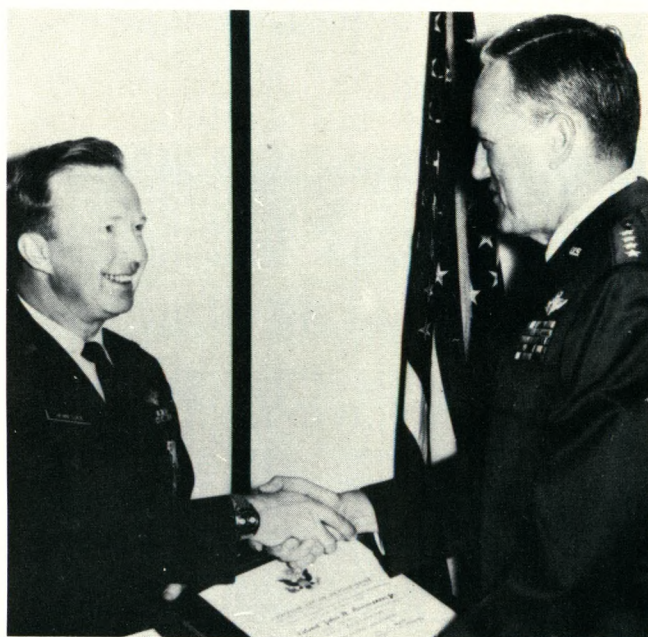
He was certified a Diplomate by the American Board of Orthopedic Surgery in 1946, and has been an oral examiner in trauma for that board since 1962.

Dr. Hennesen, who is the author or co-author of many articles and papers, is presently engaged in a research project in the field of trace metal analysis.

A graduate of Sewanhaka High School, Floral Park, New York, he received the B.A. degree in zoology from Tusculum College in Greeneville, Tennessee, before attending New York Medical College.

While serving in the Air Force, he studied orthopedic pathology under a fellowship at Armed Forces Institute of Pathology, Walter Reed Army Hospital. He has completed post-graduate courses in the field of orthopedics.

Dr. Hennesen is married to the former Yolanda Cacciatore.



Dr. John A. Hennesen '48 is congratulated by General Jack G. Merrell after receiving the Legion of Merit award prior to his retirement from the U.S. Air Force. Ceremonies were held at Wright-Patterson Air Force Base in Ohio.

Alumnus Wins Bronze Star

The Bronze Star for meritorious service while stationed at the Bien Hoa Air Base in Vietnam was awarded Paul A. Hamlin, of the class of '67.

Dr. Hamlin is now a resident in internal medicine at Metropolitan Hospital Center. He and his wife, Jane, are enjoying the company of their son, Paul Antony, born May 17.

The citation accompanying his award reads: "Captain Paul A. Hamlin distinguished himself by meritorious service as a general medical officer and chief of pharmacy service, 3rd U.S. Air Force Dispensary, Republic of Vietnam, while engaged in ground operations against an opposing armed force, from the 7th of August, 1968, to July 21, 1969.

"During this period, while under adverse conditions, Captain Hamlin demonstrated outstanding professional skill, remarkable knowledge, and a calm assuredness in his numerous contributions to the improvement of the health and welfare of the base military population. On two occasions his quick, calm action restored life to individuals and subsequently returned them to duty. Following hostile attacks on this base he contributed immeasurably to the smooth handling and disposition of casualties.

"The exemplary leadership, personal endeavour and devotion to duty displayed by Captain Hamlin in this responsible position reflect great credit upon himself, and the U.S. Air Force."

Alumnus Cited by Two Governments

Stephen L. Bloom, M.D. '67, has been honored by the governments of the United States and the Republic of Korea.

Dr. Bloom was decorated with the U.S. Meritorious Service Medal and was also presented with a letter of appreciation from the surgeon general of the Republic of Korea Air Force at ceremonies in Seoul for his effective leadership in controlling a cholera epidemic which threatened Kunsan Air Base in September of 1969.

Dr. Bloom, who is a captain in the Air Force and is director of medical services and commander of the United States Air Force dispensary at Kunsan, took "prompt action to inoculate against the disease all USAF, ROKAF, and Korean National civilian personnel at the base."

He assisted Korean Air Force officials, the staff of the provincial hospital in nearby Kunsan City, as well as individual city physicians in their fight against the disease; he then joined the United States Air Force teams in the area's small villages to vaccinate the inhabitants.

More than 8,000 injections were given in an intense effort

to stop the spread of the disease which had reached epidemic proportions in nine provinces. When the crisis ended, no presence of the disease was found at the Kunsan base.

Dr. Bloom is a graduate of Dartmouth College where he received a B.A. degree in biology before entering New York Medical College. He entered the Air Force in July, 1968.



Dr. Stephen L. Bloom '67 with letter he received from the surgeon general of the Republic of Korea Air Force.

Chironian Class Notes

1918

Irwin M. Stillman is the author of two best sellers on diets; he informs *Chironian* that his *Quick Weight Loss Diet* has sold four million copies, and his *Quick Inches Off Diet*, 100,000. "This is an all-time book record," says Dr. Stillman, "23 months on the Best Seller List of *The New York Times*."

Milton J. Wilson has announced his retirement from practice. He will be living in Boca Grande, Fla.

1928

Alan R. Cantwell, retired due to disability and now living in California, would appreciate hearing from his classmates (419 Onyx Drive, Parkview Mobile Estates, Palm Springs, Calif. 92262).

Frederick G. Guggenbuhl, chief surgeon of the SS President Wilson, recently performed an emergency operation on an ill crew member of another vessel. The incident occurred during a Pacific cruise, with the Wilson's position about 2,500 miles from Yokohama.

1930

Saul A. Schwartz was moderator of a seminar held this summer in the Soviet Union to discuss that country's medical progress. He visited Moscow, Leningrad, Kiev, and the summer resort town of Sochi. Another tour member was classmate **Natalie Goldberg**, a dermatologist.

1931

George H. Stein, of Oakland, Calif., has retired from the Kaiser Foundation Hospital, where he was assistant chief of radiology for 13 years. He is now working part time at Kaiser facilities "with six months off for travel and hobbies." He reports that **Bella Singer**, formerly chief radiologist at the Kaiser Hospital in Walnut Creek, is also retired and doing research in radiology.

1934

Harvey Gollance has retired from his post as deputy commissioner of hospitals of New York City and is now associate director of Beth Israel Medical Center, New York, "in administrative charge of their narcotics programs."

George R. Nagamatsu has been named chairman of the Advisory Council for Urology, American College of Surgeons. As chairman of the Section on Urology of the American Medical Association, he spoke on "Application of Electron Microscopy to Renal Surgical Problems" at the annual convention. He is also a member of the AMA Council on Scientific Assembly. Dr. Nagamatsu is chairman of the Committee on Scientific Exhibits and chairman of the Biological Engineering Committee of the American Urological Association, and is on the advisory council of the Section on Biomedical Engineering of the New York Academy of Medicine. In November he addressed the Postgraduate Seminar of the New York Section of the American Urological Association on "Biomedical Engineering Problems in Urology" and "The Female Chronic Urethritis Syndrome."

1935

Dean W. Smith relays the news that his son, Dean T. Smith, is in his third year of general surgery residency at Butterworth Hospital in Grand Rapids, Mich.

1936

Harvey E. Nussbaum is the governor-elect for New Jersey of the American College of Physicians. His three-year term will begin in 1971.

Maury D. Sanger has been elected secretary of the American College of Allergists and re-elected president of The Medical Students Aid Society of the Phi Lambda Kappa Medical Fraternity.

1940

Stuart P. Barden has completed his second volunteer tour of duty aboard the hospital ship SS Hope. During his months of service, the ship was stationed at Tunis, Tunisia, for a ten-month medical teaching and treatment mission.

Saul Golby wishes to record his grandfatherhood: he now has three granddaughters, Stacy, Leah, and Barbara Golby.

Leon Ryack has been appointed acting chief of medicine at Jewish Memorial Hospital, Boston. He and his wife Florence have two children, Paul Richard, a second-year fellow in cardiology at Mt. Sinai Hospital in Miami Beach, Fla., and Jane Barbara, a senior at Brandeis University in Waltham, Mass.

1941

Harold G. Stacy, a colonel in the U.S. Marine Corps, advises that he is now living at 6641 Wakefield Drive, in Alexandria, Va. 22307.

Henry P. Leis, Jr. was in South America, speaking at various surgical meetings, from September 14 to October 5, 1970. He spoke at the Pan American Medical Association, the First International Congress of Medicine and Surgery, the Argentinian Society of Surgery, the Peruvian and Argentinian Sections of the International College of Surgeons, the Venezuelan Society of Cancer, and the Venezuelan Society of Obstetrics and Gynecology. He spoke on The Treatment of Operable Cancer; The Management of the Second Breast; The Pill and the Breast; Presymptomatic Diagnosis of Breast Cancer; and Significance and Treatment of Nipple Discharge.

1943

Walter X. Lehmann has become the director of VITAM, a center for the treatment of teenage drug abuse, in Norwalk, Conn.

Emanuel Salzman, chief of radiology at Denver General Hospital, has been promoted to the rank of clinical professor of radiology on the volunteer faculty of the University of Colorado School of Medicine.

1945

Jules S. Terry has withdrawn from private practice after 20 years and has enrolled in the School of Public Health in Berkeley, Calif., to obtain a master's degree in public health.

Jane C. Wright was installed as president of the New York Cancer Society in May and joined the Board of Trustees of Smith College as a member in July. At the request of Governor Nelson A. Rockefeller, she also became a member of the New York State Women's Council.

1948

Howard A. Britton has been named chairman of pediatrics at the Santa Rosa Medical Center Children's Hospital in San Antonio, Tex. He previously served as vice-chairman of the department.

Robert A. Solow is the new president-elect of the Southern California Psychiatric Society. More than 1000 psychiatrists, members also of the American Psychiatric Association, belong to the SCPS.

David M. Tormey has been appointed assistant dean and chairman of the Admissions Committee at the University of Vermont College of Medicine.

1953

Martin H. Keeler, who served for the past year as professor of psychiatry at NYMC, has joined the faculty of the Medical University of South Carolina.

1954

Richard Grimaldi has yielded to the persuasiveness of fellow classmates **Grace Jorgensen**, **Howard Westney, Jr.**, and **Harry Wood, Jr.**, who reside in Schenectady, N.Y., and left New York Medical College for a private practice there in partnership with Dr. Wood. Schenectady's gain is Chironian's loss and we remove Dr. Grimaldi's name from the masthead regretfully while wishing him luck in his new endeavor

William F. Westlin has been named director of clinical development and medical communications for CIBA Pharmaceutical Company, Summit, N.J.

1955

Albert S. Anderson is now college physician and acting chairman of the Science Department of Shelton College, Cape May, N.J.

Stanley Gould has been appointed associate medical director for clinical research at Knoll Pharmaceutical Company, Orange, N.J. He resides with his wife and two children in Wayne, N.J.

Donald L. Hall became a Diplomate of the American Academy of Family Practice in May. He reports that he is "the only practicing medical doctor in Pike County, Indiana," where he has practiced for 13 years.

Theodore Jacobs was selected as a "sportsman of the year" by the Las Vegas Sportrayers, an organization of sportswriters and sportscasters. He was cited for his donation of time and professional services as a team physician at the University of Nevada, Las Vegas, at athletic events over the past two years.

1957

Mark F. Anapoell reports that a daughter, Kimberly Beth, joined his sons, Steven Todd and William Stuart, on March 11.

1958

Howard J. Kline, "very content on the West Coast" and assistant clinical professor at the University of California San Francisco Medical Center, is now a Diplomate of the Subspecialty Board of Cardiovascular Disease and has been elected a Fellow of the American College of Cardiology.

1959

Joseph F. Dursi has been appointed chairman of the Alumni Division of the Annual Fund for 1970-71.

1960

Ronald H. Hartman is president of the Long Beach Eye, Ear, Nose, and Throat Society and vice president of the Museum Association, Long Beach Museum of Art.

Sanford W. Stein, a member of the faculty at Columbia-Presbyterian Medical Center, Department of Pediatric Psychiatry, was recently appointed medical director at Catholic Medical Center's South Shore-Rockaway Mental Health Center.

1961

John T. Carr has given up general practice and is doing a psychiatric residency (Harvard affiliation) at Massachusetts General Hospital.

Roy M. Steinberg, his wife Lois, and son Julien (2½) are in San Francisco, where Dr. Steinberg is at the University of California Medical Center as an associate research physiologist, "studying the neural organization of the mammalian retina."

Donald A. Sugar, after two years in the army as chief of surgery at Fort Stewart Army Hospital, is now board certified and practicing in Hamburg, N.J. (general surgery and fractures)—six miles from Great Gorge ski area. (Dr. Sugar reports that skiing is his favorite sport.)

1962

Kenneth A. Cass, a lieutenant colonel in the Marine Corps, has been assigned to the Surgical Consultant Division, Directorate of Professional Services, in the Army Surgeon General's Office, Washington, D.C. He and his wife and two children, Kevin, eight, and Suzanne, six, live in Fairfax, Va.

Victor Grann is still practicing hematology and oncology in Stanford, Conn., and has become a Diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians.

Abraham Meltzer was recently certified by the American Board of Internal Medicine and is engaged in practice (internal medicine and cardiology) in Perth Amboy, N.J. He and his wife Susan have a son, Jeffrey, who is almost one year old.

Barry S. Meltzer has a new son, Jonathan David, born May 3.

William E. Tesauro has been certified by the American Board of Obstetrics and Gynecology.

Charles A. Vinnik is in practice (plastic and reconstructive surgery) in Las Vegas.

1963

Howard Cooperman and his wife Trudy are back in Los Angeles after a month-long tour of the Orient, which included visits in Bangkok, Hong Kong, Singapore, Taiwan—and of course Expo.

Lucy Goodenay is on the full-time cardiology faculty of the University of California at San Francisco. She is working under another NYMC alumnus, **David Werdegard** '56, who is associate professor of ambulatory and community medicine at UCSF.

Alan W. Robbins is on active duty in the Navy as surgeon "aboard our newest aircraft carrier," the *USS John F. Kennedy*.

1964

Michael J. Feinstein is spending six months with Dr. Richard Turner-Warwick at Middlesex Hospital, London, starting July 1. He will then return to the University of Rochester, N.Y., where he has just completed his second year of urology residency.

Edward C. Hughes has a fourth child, a daughter, Anne Katrin, born April 18.

Edward D. Miller has completed his residency in internal medicine at the University of Missouri Medical Center and is starting private practice in Binghamton, N.Y.

Ira Raff, his wife Tobi, and their baby daughter (born in October, 1969) are living in Chicopee, Mass. Dr. Raff is serving at the Westover Air Force Base.

Franklin C. Scudder has entered private practice (internal medicine/nephrology) in Margate, N.J.

Edward P. Siegel announces the opening of an office for the practice of ophthalmology and ophthalmological surgery, in Freehold, N.J. At Mt. Sinai School of Medicine, where Dr. Siegel is a member of the faculty, he participates in the residency training program in ophthalmology and in the medical student training program.

1965

Elliott M. Puritz is taking a dermatology fellowship at the University of North Carolina at Chapel Hill and reports that **Morton Meltzer** is completing a psychiatry residency there. Dr. Puritz says his "future plans involve training in immunology, and then teaching."

1966

Michael Brody is entering private practice (adult and child psychiatry) in the Washington, D.C., area, after completing a residency at Columbia-Presbyterian Medical Center. He is also working for the National Institute of Mental Health as a consultant in drug abuse and adolescent psychiatry. Son David is now two years old.

Neil C. Goldman has opened an office in Ossining, N.Y., and is specializing in the treatment of allergies. He is a company commander in the New York Army National Guard. He and his wife Marcia and sons, Robert and Ari, are now living in Briarcliff Manor, N.Y.

Stephan M. Greenberg, currently a second-year resident in ophthalmology at St. Mary's Hospital, in Rochester, N.Y., attended the Lancaster Basic Science Course in Ophthalmology in Maine last summer, where he met classmates **Frank Tetro** (Brooklyn Eye and Ear Hospital) and **Sam Just** (U.S. Navy, Philadelphia).

Stuart D. Lestch, discharged from the Navy as of July 7, is returning to Mount Sinai Hospital, New York, to complete his residency in neurology.

Steven M. Weissberg recently completed a tour of duty with the Coast Guard, serving aboard an icebreaker operating off Alaska in the North Bering Sea. He is now an obstetrics and gynecology resident at Jackson Memorial Hospital, Miami, Fla.

1967

Albert J. Bajohr is in his third year of residency in surgery at Lenox Hill Hospital in New York City. He and his wife Patricia announce the arrival of their second son, Peter Damian, born on February 22, 1970.

Bruce L. Brofman has just been awarded a fellowship in cancer gynecology (starting July 1) by the American Cancer Society. He is now a second-year resident in obstetrics and gynecology at Metropolitan Hospital Center.

Marie B. Casaline completed her residency in pediatrics at Metropolitan Hospital Center in June and is beginning a fellowship in neonatology at Beth Israel Hospital, New York.

Roger C. Challop announces that he has a daughter, Lissa Gabrielle, who was born on her parents' fourth wedding anniversary—December 25.

Steven P. Kahn has completed his internship and two years of general surgery residency at the University of Michigan and "plans one year of research followed by final two years of general surgery residency." He reports that his "major interests are vascular transplantation and pancreatic surgery." His son Jonathan is now one and a half years old.

Gary A. Katz, after "two very interesting and exciting years in the Department of Medicine at the Alaska Native Medical Center in Anchorage," has given up his commission in the USPHS and is starting his second-year residency in the Department of Medicine at the University of California at Los Angeles Center for the Health Services.

1968

Hank Bruce, married in August, is in his second year of an orthopedics residency at Los Angeles County-University of Southern California Medical Center.

1969

Garry S. Sklar has started his first year of residency in anesthesiology at Albert Einstein College of Medicine.

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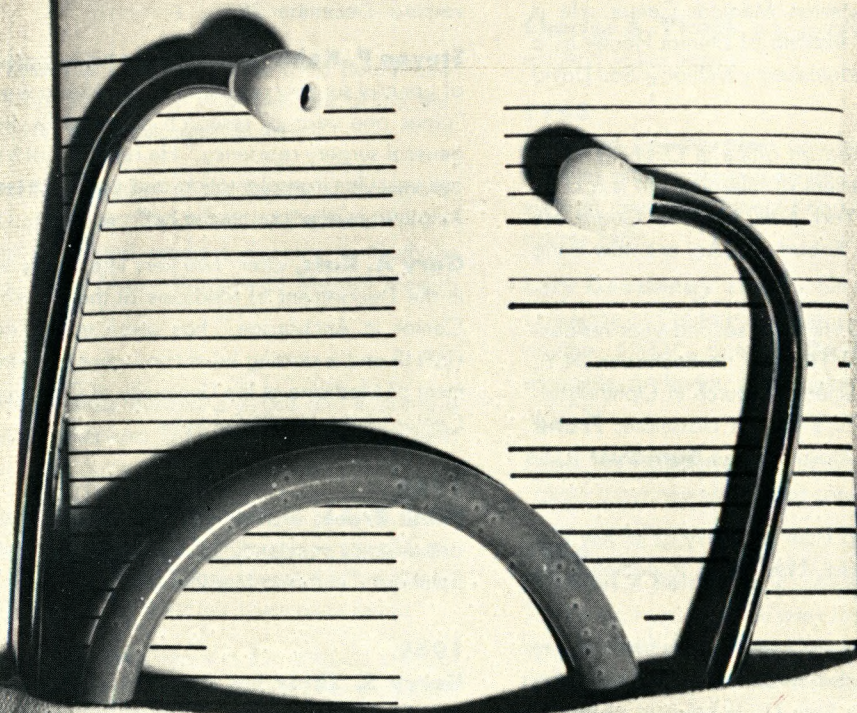
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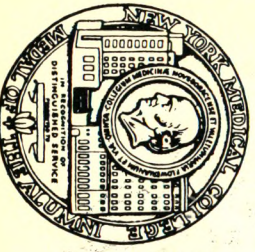
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